University of Alberta

Understanding Hope in Practitioners Who Deal With Clients of Sexual Abuse

By

Catherine Wilkes ©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Education

in

Special Education

Department of Educational Psychology

Edmonton, Alberta

Fall 2002

National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-81343-6

Canada

University of Alberta

Library Release Form

Name of Author: Catherine Wilkes

Title of Thesis: Understanding Hope in Practitioners Who Deal With Clients of Sexual Abuse

Degree: Master of Education

Year this Degree Granted: 2002

Permission is hereby granted to the University of Alberta to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly or scientific research purposes only.

The author reserves all other publication and other rights in association with the copyright in the thesis, and excepts as herein before provided, neither the thesis nor any substantial portion thereof may be printed or otherwise reproduced in any material form whatever without the author's prior written permission.

11138 - University Avenue
Edmonton, Alberta
T6G 1Y6

Date: September 18, 2002

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled "Understanding Hope in Practitioners Who Deal With Clients of Sexual Abuse" submitted by Catherine M. Wilkes in partial fulfillment of the requirements for the degree of Master of Education in Special Education.

Ronna Jevne
Dr. Ronna F. Jevne

Fern Snart
Dr. Fern Snart

Dr. Susan Baerg

Date: August 29, 2002

Abstract

The purpose of this research was to explore descriptively the phenomenon of hope from the perspective of practitioners who work with clients of sexual abuse. Two interviews were conducted with 6 practitioners who were asked to describe their origins of hope, concepts associated with hope, their experiences of hope and how their hope influenced their work with clients of sexual abuse. Data was analyzed using a qualitative framework. The descriptive information on hope and practitioners that this study will provide may have practical implications in the field of sexual abuse by potentially increasing the quality of interventions that practitioners have with their own clients, and will also provide some interesting insights into the complex and dynamic area of hope research.

Acknowledgements

With My Respect, Thanks and Gratitude

To My Participants,
For their willingness to share their hope-filled stories with me in order to lay a path for those practitioners who have not yet grasped the comfort of hope in their practice and to continue to inspire those who have.

To All My Extraordinary Friends,
Blessings to everyone of you who were my cheerleaders & inspiration,
even when I did not want you to be.
Your graceful patience and daily comfort was truly appreciated.

To My Family,
Who taught me to hope through adversity.

To My Hope-Filled Advisor,
Ronna Jevne
For her thoughtful, honest, wise and delicate ways of guiding me through the untidy yet spirited path of hope research.

To My Committee,
Fern Snart and Susan Baerg for your time and expertise.

To My Associates,
Michele Pentyliuk and Ian MacKenzie
Who shifted schedules, moved groups, proofread, and
continually (shoved) encouraged me to move forward.

Dedication

To my niece and goddaughter,
Diana Catherine Newby,
who in her 18th year,
continues to be an inspiration
of love and *hope* for me.

&

To Mary Margaret Thorpe Steer,
who in her 89th year,
inspires me to *hope* everyday.

Table of Contents

Chapter 1 1

Introduction 1

Genesis of the Study 1

Rationale 2

Purpose of the Study 4

Definition of Terms 5

Chapter 2 6

Literature Review 6

Approach to Literature Review 6

Hope 7

Medicine/Nursing. 8
Psychology. 14
Understanding practitioners' hope across several domains. 19

Understanding Child Sexual Abuse 23

Perpetrator/offender/person who sexually abuses. 24
Survivor/victim/person who has been sexually abused. 25

Practitioners Working with Clients of Sexual Abuse 26

Sexual Abuse and Hope 34

Summary and Conclusion 36

Chapter 3 37

Methodology 37

Research Design 37

Research Methodology 38

        Participant collection. 38
        Description of the participants. 38
        Data collection methods and procedures. 41
        Data analysis procedures. 48

    Ethical Issues 51

    Limitations 52

Chapter 4 54

Practitioner's Stories 54

    Lori's Story 54

    Barrie's Story 58

    Carrie's Story 62

    Rob's Story 64

    Tammie's Story 68

    Martha's Story 71

Chapter 5 75

Findings 75

    Statements of Practitioner's Understanding of Hope 76

    Origins of the Practitioners' Hope 78

        Models of hope. 79
        Environments of hope. 81
        Events of hope. 82
        Symbols of hope. 82

    Concepts Associated With Hope 83

        Wishing and hoping. 84
        Optimism and hoping. 84
        Adversity and hoping. 85

    Experiences in Hope Both Personally and Professionally 86

Personal experiences of hope. 87
Professional experiences of hope. 94

Influences of Hope. 106

Personal influences. 106
Professional influences. 109

Chapter 6 121

Understandings and Discussion 121

What are the understandings of practitioners' origins of hope? 122

Models of hope. 122

Concepts Associated With Hope 124

Wishing and hope. 124
Optimism and hope. 125
Adversity and hope. 126

What are the Understandings of the Practitioners Professional E*xperiences* of Hope While Working with Clients of Sexual Abuse? 128

Future outcomes. 128
Paradoxes in hoping. 133
Hopeful humor. 134

What are the Understandings of the Practitioners Professional *Influences* of Hope While Working with Clients of Sexual Abuse? 135

Motivation. 136
Giving/Sharing hope. 137
Reciprocal hope. 139
Connections/Relationships. 139

Summary 141

Implications for Practice 142

Implications for Further Hope Research 143

References 144

Appendix A 153

Appendix B 155

Appendix C 156

Appendix D 157

Appendix E 158

Appendix F 159

Appendix G 162

List of Tables

Table 1: Characteristics of Practitioners Involved in the Research……………………39

Table 2: Experiences of Hope………………………………………………………86

Table 3: Influences of Hope…………………………………………………………106

List of Figures

Figure 1: Summary....................142

Chapter 1

Introduction

There are those who face the future with an unending sense of positive expectations.
Others are paralyzed by the challenges of life, unable to move forward.
Still others seem seduced by adversity to slowly diminishing hope...
Amidst the ugliness, how do we explain that individuals continue to hope?
(Jevne, The Voice of Hope, p. 8)

Genesis of the Study

This study evolved out of my own professional interest as a practitioner in understanding the phenomenon of hope when working with clients of sexual abuse. I am faced daily with the challenge of supporting clients who often experience extreme adversity as either sexual abuse perpetrators or sexual abuse survivors. These individuals frequently appear "hope-deficient" or hopeless.

In addition, I feel that understanding my own perspective on hope is valuable to those whom I serve. Pruyser (1987) explains that "it is a truism in the helping professions that the outcome of any intervention is affected by expectations placed upon it by the person to be helped as well as by the helper" (p.120). The challenge has been to combine the perspectives on hope I have acquired through my own life experiences with knowledge gained through reviewing the literature in order to facilitate a hopeful outcome for my clients of sexual abuse.

Although the field of hope research is expanding, little professional literature exists to assist one in understanding hope in practice, and, in my experience, there is little discussion amongst professionals of the topic. Presenting stories of hope by practitioners who work with clients of sexual abuse could be beneficial in deepening practitioners' understanding of the phenomenon of hope. Edey and Jevne (in press) agree that practitioners who have the opportunity to learn about hope by studying themselves and their clients ultimately have the potential to enhance the quality of their own practice.

Rationale

One of the many tasks of a helping practitioner is to assist people in dealing with adverse situations. Sexual abuse is one of those situations because it is a deliberate infliction of harm on one person by another. It is a form of suffering in which hope may support the healing process. Miller (1989) agrees when she states, "The importance of hope is universally accepted. However, despite its wide acceptance, the domains of hope and how persons maintain hope while confronting adversity are not well-known" (p.23). Researchers suggest that hope is significant in the therapeutic process (Beavers & Kaslow, 1981; Dufrane & Leclair, 1984; Edey & Jevne, in press; Jevne, 1990; Keen, 2000; McGee, 1984; Shechter, 1999; Snyder, 1995) and several writers agree that hope is especially important for those suffering adversity (Bernard, 2000; Erdem, 2000; Ellerby & Bedard, 1999). Sutherland (1993), for example, states that "in crisis, hope is crucial to dealing with threats, to overcoming fear and despair, to becoming motivated and energized to act to affect change" (p. 93).

Although there is recognition that hope is essential to both practitioners and their clients, it has not been, in my experience, a conscious focus of intervention with practitioners who work with clients of sexual abuse. Ellerby (1997) mentions that hope research in the area of practitioners working with clients of sexual abuse is considered preliminary and is virtually "nonresearch literature" (p.58). Research that contributes to an understanding of practitioners' hope would be a valuable addition to the field. As

Frank (1968) theorized 34 years ago, the most important ingredient in inspiring the patient's hope is that of the practitioner herself.

Despite evidence that hope is essential to the psychological well-being of clients (Dufrane & Leclair, 1984; Frank, 1968; Jevne, 1990; Orne, 1968; Pruyser, 1987; Simpson, 2001; Sutherland, 1993; Synder, 1995; Yarcheski, Scoloveno, & Mahon, 1994), there are few references to hope in the psychological literature. Fifteen years ago, Staats (1987) acknowledged that "empirical studies of hope are virtually nonexistent" (p. 357). She emphasized the need for research to determine what hope means and, further, how hope is manifested in the area of psychology. Since then, there has been a developing body of knowledge but it is still under-researched, under-utilized and predominately limited to health conditions and contexts. Farran, Herth and Popovich (1995) suggest that the "need exists for the design of studies to further explore the impact of behaviors of health professionals and significant others on the hoping process of the patients and the correlation between health [professionals'] behaviors and patient hopefulness" (p.118). The limited research that has been conducted in this specific area of psychology has mainly focused on hope in patients, clients, and students rather than on clients in the context of counseling. There are few studies of how hope can help clients in counseling deal with adverse situations like sexual abuse, and none whose purpose it is to understand hope in the practitioners who deal with these often "hope-deficient" clients.

Not only are studies in the area of hope, especially practitioners' hope scarce, the term itself is elusive. Godfrey (1987) believes that part of that elusiveness is due to the fact that it is used as a verb, a noun, and an adjective. In Benzein & Saveman's (1998) research in Sweden, they reported that " 54 definitions of hope were found" (p. 323), and yet no universal meaning of hope exists. Sutherland (1993) believes, "this multiplicity of meanings reflects the difficulty associated with adequately describing such a complex phenomenon" (p.8). The ambiguity around the use of the term hope points to a need for clarity. By contributing to the clarity of the construct of hope, this study has the potential to add to the ongoing development of a theoretical basis for hope as derived from the understandings of the practitioner who works with clients of sexual abuse.

Purpose of the Study

This study is a response to the lack of literature on hope written from the understanding of the practitioner who helps clients of sexual abuse deal with adversity. It will attempt to capture hope in rich and thick descriptive stories of practitioners in their natural settings. It will not attempt to explain hope from the client's perspective, except as it is reflected through the voice of the practitioner. Practitioners were asked to describe their understandings of the origins of their hope and their personal and professional experiences of hope, as well as how that hope influenced their work with clients of sexual abuse. The approach and methods were qualitative in nature. The resulting descriptive information on hope and practitioners can then potentially be used in the field of sexual abuse to increase the quality of interventions that practitioners may use in their own practices. It will also provide additional insight into the complex and dynamic nature of hope research itself. The research question guiding this study was:

> What is the understanding of hope in practitioners who deal with clients of sexual abuse?

More specifically, three questions were designed to focus this study:

1. What are the practitioners' understandings about the *origins* of their hope?

2. What are the understandings of the practitioner's *personal* experiences and influences of hope?

3. What are the understandings of the practitioner's *professional* experiences and influences of hope while working with clients of sexual abuse?

Definition of Terms

For the purpose of this study, the following definitions will apply:

Practitioner(s) - any qualified professional who offers therapeutic services in a clinical setting to perpetrators or victims of sexual abuse, including, but not limited to, psychologists, educators, guidance counselors, nurses, doctors, social workers, and therapists.

Client(s) - a person, family, or group receiving service from a qualified practitioner in a clinical setting.

Sexual Abuse Perpetrator - an individual experiencing recurrent intense sexually-arousing fantasies, sexual urges, or behavior generally involving the suffering or humiliation of oneself or non-consenting persons such as children (Diagnostic and Statistical Manual of Mental Disorders-Text Revision, 2000, p.566).

Sexual Abuse Victim - the non-consenting person from the definition above (Diagnostic and Statistical Manual of Mental Disorders-Text Revision, 2000, p. 566).

Chapter 2

Literature Review

Approach to Literature Review

Knowing that the interplay between hope, practitioners, and sexual abuse had not yet been explored, I began by reviewing the hope literature. That literature represented several disciplines, so I chose to explore those that could be seen as complimentary to my study; nursing and psychology. Then I looked at the limited studies that documented practitioners' hope across several domains. That led to researching child sexual abuse and roles of those involved. I then went on to explore the literature on practitioners who work with clients of sexual abuse, and finally, I examined the scant literature on hope within the context of sexual abuse.

In qualitative research, there are advantages and disadvantages to reviewing the literature before, during, and after the fieldwork is completed. A comprehensive review before the data collection process may help the researcher focus the study. However, the greatest disadvantage to this approach is its potential to bias the researcher's thinking and thus reduce openness to whatever may happen in the field (Patton, 1990). For this study, I carried out a comprehensive literature review before and after the fieldwork, and concurrently with the data collection and analysis. The literature review was therefore emergent in nature.

Although rationale for research into understanding practitioners' hope while working with clients of sexual abuse is noted in the literature over the past decade, studies specifically in the exploration of hope and practitioners' hope are greatly underrepresented. In the past two decades entire academic journals have been dedicated to understanding the effects of child sexual abuse. Unfortunately, the true incident rate, although believed to be excessive, is "still often buried" (Ellerby & Bedard, 1999, p.6). One reason for this is many sexual abuse victims are typically very young, many under the age of four (Kahn, 2001, p.95). There has been some limited research in the past decade exploring the stress that practitioners endure while working with clients of sexual abuse (Blanchard, 1995; Edmonds, 1997; Ellerby, 1997; Kadambi, 1998; McCann & Pearlman, 1990). Despite the recognition that working with clients who experience adversity is difficult and at times hopeless, the connection between sexual abuse and hope remains virtually unexplored. Therefore, this literature review gives a synthesis of some of the related research in order to provide solid justification for this study into understanding practitioners' hope while working with clients of sexual abuse.

Hope

A logical beginning point to review the relevant literature is an understanding of the complex construct of hope itself. Jevne (1994) states that "the experience of hope is not tidy" (p.8). She goes on to explain:

> Understanding hope is no small challenge. Hope has a unique meaning for each of us. It can't be prescribed. It can't be injected. It can't be X–rayed. It's hard to define. It's easier to tell a story about it. It is possible to know hope in the eyes of the people, to hear it in their stories. (Jevne, p.9)

She suggests that the construct of hope crosses the boundaries of numerous disciplines, and to look for an understanding of hope in only one discipline would limit one's perspective. This perspective influenced my choice of practitioners for this study, and, as a result, practitioners were chosen who represented several disciplines. In the literature, medicine, psychology, philosophy, theology, psychiatry, and psychoanalysis are orientations that present their own distinct model of hope while sharing the belief that the study of hope is significant and worthwhile. Medicine and psychology are the areas that have explored the construct of hope most extensively and can be seen as complementary to my study of practitioners and sexual abuse. Therefore, these are the two areas that I will focus on in the following review of the hope literature.

Medicine/Nursing.

In the past two decades, there has been definitive research and writings about helping health care providers accept the value of hope in their work with patients. The best medicine and the best health care professionals are powerless to restore health in their patients without the presence of hope (McGee,1984). Serious illness induces fear in most people, and Jevne (1994) believes that hope is the antidote to fear, regardless of the prognosis. The challenge hope researchers have is to demonstrate in qualitatively and quantitatively measurable ways that hope does make a difference. The nursing community has taken the challenge seriously and much of the research, albeit limited, is from that community.

When life is threatened through illness, hope is a necessary component for healing and restoring health (Dufault, 1981; Dufrane & Leclair, 1984; Hickey, 1986; Jevne, 1990; Nowotny, 1989; Simpson 2001). Nursing literature contains references to hope, and observations indicate that hope influences the restoration and maintenance of wellness in a multitude of patients. Although nurses agree that hope is important, the literature is still emerging on how to use hope in guiding nurses' hope-filled actions.

Dufault and Martocchio's (1985) research suggests that hope is "not a single act but a complex of many thoughts, feelings and actions that change with time, and hope is multidimensional and process-oriented" (p. 380). They suggest that hope is composed of two related but distinct spheres: generalized hope and particularized hope. Generalized hope is having the sense of a future direction to protect clients from despair. In contrast, particularized hope focuses on a particular state of being or a particular hope object. The authors further suggest that the two spheres consist of six dimensions which can structure the experience of hope. These dimensions are affective, cognitive, behavioral, affiliate, temporal and contextual, which considered together "provide a gestalt of hope"(Dufault & Martocchio, p.381). They reason that using the six dimensions in the field of nursing would support both healing and dying patients.

In addition, Dufault and Martocchio (1985) note that "nursing literature contains multiple references to hope and the hoping process, directives about the importance of having hope, and of maintaining, sustaining, and restoring hope in patients" (p. 379). Furthermore, they believe that "strategies that identify nurses as a source of hope include conveying an empathic understanding of the patient's worries, fears and doubts; alleviating those fears when possible; and assisting the person in avoiding being immobilized by the feelings" (Dufault & Martocchio, p. 391).

Benzien and Saveman (1998) studied nurses' perceptions of hope in cancer patients. Two themes emerged: the nurse-patient relationship, and internal and external factors relating to hope. The research suggests strategies that could be used to help nurses working in palliative care restore hope in their patients. McGee (1984) also comments on the nurse's role with respect to hope:

> Nursing literature reflects the concern of the profession with the concepts of hope. From the perspective of nursing as an applied science, the literature outlines role obligations of the nurse in terms of instilling, maintaining, and restoring hope. (McGee, p.35)

Talseth, Gilje, and Norberg (2001) studied hope in relatives of patients at risk for suicide. The relatives narrated their experiences of being met by mental health care personnel. They stated that "the experience of being met in the midst of the care of a relative in crisis created possibilities for hope" (Talseth et al., p.249). Six themes emerged: 1) being seen as a human being; 2) participating in an I-thou relationship; 3) trusting medical personnel, treatment and care; 4) feeling trusted by personnel; 5) being consoled; and 6) entering into hope (Talseth, p.249).

Farran, Herth, and Popovich (1995) further the notion that hope in the health community is multidimensional. Their working definition of hope is:

> Hope constitutes an essential experience of the human condition. It functions as a way of feeling, a way of thinking, a way of behaving, and a way [of] relating to oneself and one's world. Hope has the ability to be fluid in its expectations, and in the event that the desired object or outcome does not occur, hope can still be present. (Farran et al., p.6)

In their model, the authors conceptualize hope as consisting of four central attributes. These attributes are an experimental process (the pain of hope), a spiritual or transcendental process (the soul of hope), a rational thought process (the mind of hope), and a relational process (the heart of hope). Based on these four attributes, they developed a framework of hope to be used in clinical assessment in the nursing field. The framework was initially derived from work with older adults, but the authors feel it has potential for use across the life-span with a variety of clients, especially those facing adversity. Because of its adaptability, this model has potential to support children of sexual abuse who deal with adversity. Farran et al. (1995) state that "the four attributes of hope, the pain, soul, mind and heart of hope, can be seen, often simultaneously, when people suffer" (p.10).

Furthermore, Farran et al. (1995) state that 20 studies have been done in the field of nursing to explore hope using qualitative techniques in the research process. From those studies, several models of hope have been proposed. Collectively, "the research supports that hope is a dynamic, complex, and multidimensional construct mediated by many factors. Future research is needed to test the proposed models and to further delineate and extend our current understanding of hope to other populations" (Farran et al., p.185).

Morse and Doberneck (1995) strive to delineate the concept of hope using their own concept development method. Using interview data from four distinct participant groups: transplant patients, spinal-cord injury patients, breast cancer survivors, and breastfeeding mothers, the researchers constructed a prototype of hope consisting of abstract and universal attributes. They verified the prototype using the interview data, and the process resulted in the delineation of seven universal components of hope. These components of hope include: a realistic initial assessment of the predicament or threat; the envisioning of alternatives and the setting of goals; a bracing for negative outcomes; a realistic assessment of personal resources and of external conditions and resources; the solicitation of mutually supportive relationships; the continuous evaluation for signs that reinforce the selected goals; and a determination to endure (Morse et al., p.277). The researchers also reported unique patterns of hope for the four distinct participant groups: waiting for a chance (transplant patients); incremental hope (spinal-cord injury patients); hoping against hope (breast cancer survivors); and provisional hope (breastfeeding mothers) (Morse et al., p.277).

Not all hope studies in health care originate from the nursing community. Health psychologists have also contributed to the field and have been successful in bridging the two disciplines. Nekolaichuk, Jevne, and Maguire (1999), for example, describe a conceptual model of hope within the context of health and illness. They state that hope or having hope is positively linked to health and they believe that hoping has therapeutic value. Their three dimensional model, that builds on Nekolaichuk's earlier work and is discussed later in this chapter, captures the qualitative experience of hope within a holistic, multidimensional, quantitative framework. The three dimensions can be defined as personal spirit, risk, and authentic caring. A person can be thought of as moving in complex ways between the three dimensions rather than in a single dimension that runs along a continuum. The authors also acknowledge the unique and dynamic nature of personal experiences of hope. They raise the question of, within clinical settings "how is it that some people are able to maintain a sense of personal spirit, willingness to risk and caring relationships in the face of adversity, while others are unable to do so?"(Nekolaichuk et al., p.603)

Cousin (1989) believes that the human brain, when confronted with illness, can bring about changes for the better. He explains his motivation to research this phenomenon while appointed to the School of Medicine at the University of California:

> There was abundant medical research to show that the brain, under circumstances of negative emotion – hate, fear, panic, rage, despair, depression, exasperation, frustration – could produce powerful changes in the body's chemistry, even set the stage for intensified illness. But there was no comparable evidence to show that the positive emotions – purpose, determination, love, hope, faith, will to live, festivity – could also affect biological states. (Cousins, p.2)

Gottschalk et al. (1993) research acknowledged Cousin's statement by proposing there is a biological basis of hope. They suggested that hope is one of a group of positive emotions that lessen an organism's susceptibility to serious illness and healing. Their study of the relationship between hope and cerebral glucose metabolic rates in ten young adults male indicated that there are distinctly different cerebral locations for hope and hopelessness, both of which involve the function of cognition, language, perception, vision, audition, and emotions.

Wong-Wylie and Jevne (1997) further the notion that a good doctor-patient relationship is an important piece in promoting hope. In a study of HIV patients, they explored doctor-patient interactions and identified five crucial requirements for "hope-full" instead of "hope-less" interactions. The study demonstrated that physicians' actions can positively influence the hope of patients when they take the time to listen to them, answer their questions, and reassure them that they will not be abandoned.

Danielsen (1995) explored hope from the perspective of children living with cancer, using several modalities to illuminate and understand the children's hope. In a phenomenological approach, she used not only interviews but paintings and drawings as well. This approach was unique in the hope literature. The results indicated that hope is essential for children living with cancer and they may need help from outside sources to activate the hope that lives within them.

Simpson (2001), a health care ethicist, investigated the role of hope in health care and argues that "health care providers have a responsibility to foster conditions within which patients can discover and continue to have hope" (p. vi). She uses the stories of patients in four clinical contexts to assist in identifying important features of hope such as the role of imagination and the vulnerability patients connect with having hope. She also suggests that hope has strong relational features and argues that, because of that orientation, the responsibility of health care providers is best situated within a feminist care ethics approach. Simply, it means that a patient's needs are heard and understood and then responded to in an appropriate manner.

Nursing and medicine are disciplines that have explored the concept of hope within their communities. When life is threatened through illness, hope is a necessary component not only for the patient, but also their family and the professionals helping them. Simpson (2001) eloquently summarizes the health care section by further stating:

> This analysis of the role of hope in health care has demonstrated that there is a need to think about hope, and about health and illness, differently; importantly, we need to appreciate that the type and nature of the relationships that are formed between those in need and those who can provide care can influence how well these individuals are able to live their lives. (p.235)

Psychology.

The search to understand hope has spanned three decades and been pursued by several psychologists and researchers working in the area of psychology. Many agree that "the counseling relationship offers a partnership that has the potential to inspire hope and to develop courage to deal with life transitions" (Dufrane & Leclair, 1984, p.34). Early hope research was undertaken by Stotland (1969), one of the first psychologists to represent hope in a theoretical framework. He stated that hope was unidimensional and focused on its behavioral and cognitive aspects. More recently, Snyder (1994), Staats (1987), Jevne (1990), Nekolaichuk (1995), and Keen (2000) moved beyond reducing hope to a singular, unidimensional definition to a more complex, multidimensional view that incorporated affective as well as behavioral and cognitive domains.

Stotland (1969) developed a theory of hope characterized by action-oriented concepts of expectation and goal attainment. His theory suggests that hope produces behavior intended to attain goals. "With hope, man acts, moves, achieves" (Stotland, p.1). He defined hope simply as "an expectation greater than zero of achieving a goal. The degree of hopefulness is the level of this expectation or the person's perceived probability of achieving a goal" (Stotland, p.2). Through his research, he was one of the first psychologists to represent the subjective concept of hope within a theoretical framework that defined seven core propositions. Examples of these are:

> Proposition I - An organism's motivation to achieve a goal is, in part, a positive function of its perceived probability of attaining the goal and of the perceived importance of the goal.
>
> Proposition II – The higher an organism's perceived probability of attaining a goal and the greater the importance of that goal, the greater will be the positive affect experienced by the organism.

> Proposition III – The lower an organism's perceived probability of attaining a goal and the greater the importance of that goal, the more will the organism experience anxiety (Stotland, pp.7-9).

Although Stotland believes that hope has an affective component, he defines it as primarily a cognitive process closely linked to goal attainment. He further suggests that hopefulness is linked to goal attainment, but only through action; so both goal attainment and hopefulness require some form of action. His propositions have provided a basis for research in the area of hope for the last three decades.

Snyder's (1994) work builds on that of Stotland. His two dimensional model emphasizes the importance of trust and attachment with a helping professional or caregiver in the development of hope. He defines hope as "the sum of the mental willpower and waypower that you have for your goals" (Snyder, p.5). He describes willpower as the driving force or mental energy in hopeful thinking and waypower as the mental plans or road maps that guide hopeful thoughts that one uses to lead them to their goals. Snyder also believes that hope is both a trait and a state. As a trait, hope is a mindset or pattern of thinking about oneself in relation to life goals that are usually established in most people by age twenty. In contrast, as a state, hope may fluctuate daily with any given situation. The challenge practitioners face is to maintain their own hope while working with clients that may have adopted a negative mindset or trait about hope due to their experiences of adversity and can be in a constant state of flux with any given situation. However, Snyder suggests that through a stable, trustworthy interaction with a helping professional, the client can learn about his/her ability to make hopeful things happen.

More recently, Snyder et al. (2000) has taken his initial research on willpower (a driving force in hopeful thinking) and waypower (roadmaps that guide hopeful thought), and formulated three ingredients that will encourage children to hope. The first ingredient is goal-directed thinking. The second is thinking up a pathway to reach the goal and the third is having the motivation to use the pathway to reach the goal. Snyder states, "the last two ingredients of hopeful thinking are captured in the phrase 'where there's a will there's a way'" (p.46). He goes on to mention mentoring as a way of supporting children in their journeys to hope.

In contrast to the unidimensional and two-dimensional models of hope, Staats (1987) presents a more complex model. She focuses on the affective aspect of hope, which she defines as "the expectation of desirable future events" (Staats, p. 357). She believes that expectations increase one's intention to act in hopeful ways. Jevne acknowledges the multidimensional construct of hope and suggests that, although we each live out the experience of hope differently, there are some common elements that run across the disciplines. Jevne (1990) explains that "hope is active rather than passive. It has a temporal component. It appears to be referenced in the future, grounded in the past and experienced in the present" (p.30). She also suggests that, although hope is a universal experience, it is expressed in each individual's narrative of his/her own life. She demonstrated this understanding when she shared the life stories of people displaying tremendous hope in their experiences with cancer in It All Begins With Hope (Jevne, 1991), and then again in her own "life journey" by authoring The Voice of Hope: Heard Across the Heart of Life (Jevne, 1994).

Jevne's contributions to the field of hope are significant and have inspired researchers to look at hope as a crucial antidote to fear. She feels, if fear reigns, hope diminishes. She also suggests that hope is a construct that is experienced through the creative process of imagination and in relationship to someone or something. She and her colleagues have developed the concept of hope-focused counseling that invites the practitioner to use hope in an intentional way during the healing process. There is further discussion of hope-focused counseling in the next section.

Nekolaichuk (1995) also conceptualizes hope as a multidimensional structure or framework that exists as a location in space rather than a location along a continuum (p.90). It is defined by the three factors of personal spirit, risk, and authentic caring. She suggests that the location fluctuates across people and over time, reflecting the uniqueness and process-oriented nature of the experience. Nekolaichuk's contribution to the area of hope literature is extensive. Her model provides a qualitative, as opposed to a quantitative, representation of hope. She suggests that, given the view that hope is a location in space and not a continuum, hope then does not have an opposite. So hope is not the opposite of hopelessness; rather hope and hopelessness are two qualitatively different experiences. Nekolaichuk believes that her research tool was designed to access the inner, qualitative experiences of hope from the individual's perspective, whereas other instruments focus on the outer and/or cognitive experiences of hope.

Keen's (2000) phenomenological study intended to explore and understand the role of hope in the process of human change. As a therapist, she had a desire to contribute something new to the understanding of hope to make a difference in how society can help promote change in clients. Over a period of one year, she conducted interviews with 12 co-researchers who had sustained profound change in their lives for over three years. They each had altered their lifestyle, from one that was destructive to themselves and others, to one that was more constructive. Her findings described five themes of hoping which all have an underlying process identified as a "change in self": 1) hoping is a wish for life or a survival response; 2) hoping is becoming open to the possibilities of change; 3) hoping is becoming aware of one's strength and potential; 4) hoping is choosing to refocus and reframe one's experiences; and 5) hoping is understanding that life has meaning and value (Keen, p.140). Prochaska's (1994) Stages of Change Model was also used to help explore the interactions between human change and hope.

Psychologists have made significant contribution to the hope literature over the past three decades. The progression moved from a unidimensional view of exploring hope towards a complex, multidimensional view, and involved quantitative as well as qualitative research. Psychological research, combined with that of other disciplines, allows hope to be explored across unique contexts as well as among individuals. It is clear that no one discipline can claim exclusive rights to understanding the domain of hope.

Understanding practitioners' hope across several domains.

Researchers have made reference to the importance of hope in the helping and therapeutic relationship (Beavers & Kaslow, 1981; Dufrane & Leclair, 1984; Edey & Jevne, in press; Jevne, 1990; Kottler, 1993; McGee, 1984; Morse & Doberneck, 1995; Orne, 1968; Simpson, 2001; Snyder, 1995). Most would agree that, in order to instill hope in clients, practitioners need to possess it and ideally understand it in themselves. Over the last decade, studies and articles specifically exploring practitioners' hope have been emerging in the literature: Ruvelson (1990), Sutherland (1993), Shechter (1999), Bernard (2000), and Janzen (2001), Edey & Jevne (in press).

One of the earliest study involving the importance of hope in the helping profession was contributed by Ruvelson (1990). She proposes that " therapists' careful balancing of accurate empathy for patients' profound despair with a belief in their ability to overcome it, can help such patients develop and maintain a more hopeful state of mind" (Ruvelson, p.145). She went on to explain that, in order to achieve careful balancing, therapists must first understand hope in themselves.

Sutherland (1993) noted that the research in the area of practitioners' understanding of their own hope is scant. Some of the outcomes of Sutherland's (1993) research examining hope in psychologists described the phenomenon of hope as complex, dynamic, and elusive. One of the major themes that emerged from her research was that hope "is best understood within the context of adversity" (Sutherland, p.93). She reported that a person feels threatened when faced with adversity. When one feels threatened, one experiences tension and fear deeply-rooted in the misery of not knowing the outcome. It is in that moment that one chooses to stay hopeful or to abandon hope. Giving up or quitting rather than risking failure when faced with anxiety results in the giving up of hope. These understandings, generated by psychologists themselves, are significant as valuable reflections that support the practitioner in understanding what happens to his/her own hope in situations of adversity. This in turn allows the practitioner to support clients that are dealing with adversity. In essence, maintaining hope in adversity is complex, dynamic, and interactive in nature.

Sutherland's (1993) research also recommends that more emphasis should be placed on studying descriptive narratives of the lived experiences of hope in practitioners rather than on getting practitioners to simply define hope. Godfrey (1987) agrees, stating "I'd rather have hope than be able to define it" (p. 248). Benzein and Saveman (1998) concur and further the notion by stating that "defining a concept is an exclusionary process, while describing a concept is inclusive" (p.327). White and Epston (1990) put it in this perspective: "Stories tend to be inclusive and as a result enrich events in people's lives, whereas explanations tend to be exclusive and to ignore those events beyond their purview"(p.126).

Shechter (1999) suggests that a clinician's sense of hope is not easily maintained in the therapeutic process. She, too, speaks of a "delicate balance" when working with clients that may be hope-deficient and enduring some form of adversity in their lives. She proposes that:

> Maintaining hope requires an intense affect state, an active blend of emotional and intellectual reflections in the mind of the clinician. Ongoing hope is the product of a delicate balance between a clinician's tolerance for the tragic in life and the expectations of positive treatment outcomes. (Shechter, p.371)

Bernard's (2000) study adds to a body of work that suggests that hope is fostered during times of adversity. She studied the professional and personal experiences of hope in a domestic abuse shelter worker. She explains her participant's adversity:

> Throughout her life, Sandra has experienced various personal struggles and difficulties that have fostered feelings of hopelessness and despair. However, it is in living

through these adversities where hope is fostered; it is in these difficult times that hope has entered her life. Hope is viewed a gift that is received in adversity. (Bernard, p.66) Bernard's findings include three salient themes: 1) hope is an active process and work is required to create and maintain it; 2) hope is helpful and healing to individuals that have been victimized by violence; and 3) hope is "contagious energy"(Bernard, pp. 57-60). Her findings may have implications for the hiring and training of new domestic abuse shelter staff to monitor for levels of hopefulness within individuals.

Janzen (2001) also explores the relationship between people in helping roles and their hope. Four patterns emerged: 1) hope and change; 2) there is hope in seeing the bigger picture; 3) paths to hope; and 4) hope is influenced by relationships (Janzen, pp51-83). She also noted a relationship between hope and mentoring. She believes that helpers just beginning their careers may need to borrow hope from others that have already collected hope stories and that the more experienced helper may want to share more of their hope stories with newer workers. This would aid in reinforcing their own hope and provide a kind of temporary, vicarious hope for those without sufficient time or experience in the helping field to have collected hopeful stories of their own.

Edey and Jevne (in press) believe that "paying attention to hope can help counselors as much as it helps clients....It requires us to accurately discern the difference between our hope and the hope of our clients" (p.9). Hope-focused counseling is used to emphasize hope and broaden the client's and the counselor's perspective when options are limited by hopelessness or diminished hope. They state that a hope-focus does not stand alone in the counseling process but weaves in and out of the foreground, giving direction and power to a counselor's basic skills. Hope-focused counseling is practiced at The Hope Foundation of Alberta, a center for hope research in Edmonton, Alberta. Jevne and Edey believe that "counselors have the opportunity to learn about hope by studying themselves and their clients. Their learnings have the potential to enhance the quality of their practices" (p. 10).

Understanding Child Sexual Abuse

Unlike illness, sexual abuse is a deliberate infliction of harm on a person by another. Child sexual abuse is another form of suffering in which hope may support the healing process. To clarify and define sexual abuse, perpetrators, and victims, the Diagnostic and Statistical Manual of Mental Disorders-Text Revision (DSM-IV-TR, 2000) and Health Canada's website (1997) were consulted.

In the DSM-IV-TR (2000), sexual abuse is categorized under the diagnostic features of Posttraumatic Stress Disorder (PTSD). "For children, sexually traumatic events may include developmentally inappropriate sexual experiences without threatened or actual violence or injury" (DSM-IV-TR, p. 464). Furthermore, there are constellations of symptoms listed in the features of PTSD that may occur during childhood sexual abuse, one being identified as a sense of hopelessness. A sexual abuse perpetrator is defined as "an individual experiencing recurrent intense sexually-arousing fantasies, sexual urges, or behavior generally involving the suffering or humiliation of oneself or non-consenting persons such as children" (DSM-IV-TR, p.566). A sexual abuse victim is defined as "the non-consenting person from the definition above" (DSM-IV-TR, p. 566).

A report by Health Canada (1997) describes child sexual abuse as:

> Child sexual abuse occurs when a child is used for sexual purposes by an adult or adolescent. It involves exposing a child to any sexual activity or behavior. Sexual

> abuse most often involves fondling and may include inviting a child to touch or be touched sexually. Other forms of sexual abuse include sexual intercourse, juvenile prostitution and sexual exploitation through child pornography. Sexual abuse is inherently emotionally abusive and is often accompanied by other forms of mistreatment. It is a betrayal of trust and an abuse of power over the child. (p.1)

The report goes on to explain that there are few national statistics on child sexual abuse in Canada. Nonetheless, in the most recent document available, (published in 1990 and reviewed in 1997), Health Canada has provided some limited statistical insights into the incidence of child sexual abuse:

- It is estimated that there were nearly 12,000 investigations of child sexual abuse in Ontario in 1993. Sexual abuse was substantiated in 29 percent of these cases and suspected in another 27 percent.
- In British Columbia, more than 500 complaints of sexual abuse were received in March 1992.
- The most extensive study of child sexual abuse in Canada was conducted by the Committee on Sexual Offences Against Children and Youths. Its report indicates that, among adult Canadians, 53 percent of women and 31 percent of men were sexually abused when they were children. (p.2)

Perpetrator/offender/person who sexually abuses.

Health Canada (1997) describes perpetrators as mostly male, well-known to their victims and, in 25 percent of cases, adolescents. It is the perpetrator that initiates the sexual activity and no matter the behavior of the child, the perpetrator is responsible for the abuse. Perpetrators use a number of tactics to gain access to children and to ensure their victim's silence. These tactics include use of threats, physical force, bribery, and other forms of physical and psychological coercion (Kahn, 2001, p.95). Abusers are found among all ages, ethnocultural communities, and social classes. Abuse occurs mostly in ongoing relationships, which gives the perpetrator many opportunities to exploit the child's desires and fears (Ellerby & Bedard, 1999, p.3).

Survivor/victim/person who has been sexually abused.

Health Canada (1997) describes survivors of sexual abuse as coming from all social classes and ethnocultural communities. Children that are isolated socially or present with disabilities are especially vulnerable to sexual abuse. When a person abuses a position of authority over a child it confuses the child, as they cannot fully understand or give informed consent to the sexual contact (Kahn, 2001). If the abuse is incest, it causes great distress to the child, especially if non-abusive family members are not supportive. Often children of incest do not report the abuse until they are adults and some never report the abuse for fear of destroying the privacy and otherwise intact sense of security provided by the family structure (Beitchman et al., 1992; Ellerby & Bedard, 1999).

The consequences may worsen if the incidents of abuse involve penetration and occur over a long period of time (Beitchman et al., 1992). However, Hindman (1989) states that "many children survive abuse that occurs over a long period of time, and conversely, many children who are abused over a very short period of time have the potential to be [severely] traumatized" (p. 75).

There is little evidence to suggest that children make false allegations of sexual abuse. False denials (saying it did not happen when it did) or recanting a disclosure of abuse are much more common than false reports. It is not surprising that children may recant allegations of abuse as the child naturally fears the impact that a disclosure will have on the family or fears that he/she will not be believed. The recant may also happen as the child recognizes that the abuser has much more power than themselves. Being believed by their family and getting appropriate therapeutic intervention can decrease significantly the negative affects of childhood sexual abuse. Adult men and women who have been sexually abused as children tend to suffer more psychological problems than their non-victim counterparts (Beitchman et al., 1992; Health Canada, 1997).

Practitioners Working with Clients of Sexual Abuse

Before the literature in this section is reviewed, a revisiting of this paper's specific definitions of "practitioner" and "client", used in Chapter one, is important. Practitioners were defined as any qualified professional who offers therapeutic services in a clinical setting to perpetrators or victims of sexual abuse, including, but not limited to, psychologists, educators, guidance counselors, nurses, doctors, social workers, and therapists. A client was defined as a person, family, or group receiving service from a qualified practitioner in a clinical setting.

Though literature on the benefits of assessment, etiology, and treatment for sex offenders increases, little research has been done into how providing clinical treatment to clients of sexual abuse can affect practitioners - whether they work with clients who have survived trauma or clients who have perpetrated trauma. As a therapist and researcher, Kottler (1993) maintains that:

> The process of psychotherapy flows in two directions, obviously influencing the client but also affecting the personal life of the clinician. This impact can be for better or for

> worse, making the helping professions among the most spiritually fulfilling, as well as the most emotionally draining human endeavors. (p.xi)

Practitioners working with sex offenders face a multitude of stressors, including dealing with their clients' unhealthy individual characteristics (Farrenkopf, 1992). The limited literature that is available suggests that therapeutic contact with this population can be psychologically harmful to practitioners providing treatment (Ellerby, 1997; Farrenkopf; Jackson et.al). Kadambi (1998) states, "It could be argued that what makes sex offender treatment different from other forms of therapy is that the risk of psychological harm may be greater for the therapist than for the client"(p. 42). Practitioners report that working with this population has the potential to be traumatizing and can produce significant emotional, spiritual, and behavioral changes as a direct consequence (Edmunds, 1997; Ellerby; Jackson et al.). This is consistent with the phenomena of vicarious traumatization (Kadambi; McCann & Pearlman, 1990).

The terms "burnout" and "vicarious traumatization" are appearing in the sexual abuse literature more consistently. While some think the terms are conceptually similar, the two constructs are seen as distinct by those conducting research in the area of vicarious traumatization (Kadambi, 1998; McCann & Pearlman, 1990). Burnout can be described as helping professionals' negative responses to providing psychotherapeutic services (Farrenkopf, 1992; Grosch & Olsen, 1994). Some feel that the construct of burnout may not account for the wide range or severity of responses a therapist may feel while working with sexual abuse clients (McCann & Pearlman). Vicarious traumatization, developed by McCann and Pearlman can be understood as "related to both the graphic and painful material trauma clients often present and to the therapist's unique cognitive schemas or beliefs, expectations and assumptions about self and others" (p.131). Whether potentially experiencing burnout or vicarious traumatization, it would be useful for practitioners to understand the negative effects that working with clients of sexual abuse may have on them emotionally, physically, and spiritually.

Ellerby's (1997) research suggests that studies on vicarious traumatization may help us understand the effects working with the offender population may have on the practitioner's personal and professional life. He suggests that therapeutically working with this population has the potential to influence the therapists' worldly views, affect expression and interpersonal relationships, parenting behaviors especially around family safety, and sexuality issues. Ellerby's (1993, cited in 1997) research found that among the clinicians surveyed, 86 percent reported discomfort with telling people that they work with sex offenders, 71 percent felt they needed to justify the work, and 90 percent reported incidences of negative responses from others about their sex-offender specialization. Some of the other effects reported by clinicians included severe emotional impacts, specifically, boundary and safety issues. He also noted that the effects of client's recidivism on the practitioner might also impede their ability to work with this population, especially if the relapse is personalized in any way.

Edmund (1997) concurs and states, "The assumption of responsibility extends not only to the client but to the victims, potential victims, and society. The sex abuser treatment provider has the demanding task to rehabilitate the offender and a self-imposed obligation to safeguard others' welfare" (p.12). He further suggests that the limited research that has been done on the personal impact of providing treatment for clients of sexual abuse has disproportionately been focused on the victim-therapist relationship (Grosch &

Olsen,1994; McCann & Pearlman, 1993) versus the perpetrator-therapist relationship. One published study that does document the relationship between burnout and perpetrator therapy is that of Farrenkopf (1992). Given the difficult nature of working with perpetrating clients who often present themselves as resistant to change, irresponsible, and who are usually mandated to attend therapy, it is inevitable that practitioners will be affected. One might assume that more research would be cited in the literature, but this is not the case. The literature on burnout in the field of sexual abuse, whether working with the perpetrators or the victims, seems to be in its infancy.

Professional burnout is emerging as a phenomenon among healthcare practitioners in many disiplines, including the field of practitioners who work with sexual offenders. As stated above, Farrenkopf's (1992) study was one of the first to explore the impact of sex offender treatment on therapists. He explains " Impact from this work appears to progress from a period of professional zeal and client empathy to emotional hardening and deceased hope for effectiveness" (Farrenkopf, p.222). He describes how specific client characteristics infringe on practitioners and he identifies three qualities as problematic traits of sex offenders: 1) irresponsibility; 2) narcissistic personality structure; and 3) the lack of motivation for change (Farrenkopf, p.217). His study described ways in which therapists are affected by these traits in the therapeutic relationship. Therapists reported a decreased sensitivity or dulling of their emotions, an increase in feelings of anger and frustration, development of a cynical outlook, and a decrease in a sense of humor. Over half of the respondents reported diminished hope and expectation in working with sex offenders as they became more pessimistic about the ability for the offender to change.

Farrenkopf (1992) further identifies four phases of adjustment therapists may experience as they come to terms with working with offenders: 1) shock; 2) a sense of mission; 3) emergence of repressed emotion, usually anger; and 4) either "erosion" or "adaptation"(p.217). Erosion refers to an escalation of feelings experienced in the anger phase, but also includes exhaustion, depression, resentment, and thoughts about treatment futility. On a positive note, adaptation refers to a more successful way of coping: 1) adopting a detached attitude; 2) lowering expectations; and 3) coming to terms with "the human dark side" (Farrenkopf, p.221).

Kadambi's (1998) qualitative research investigated the phenomena of vicarious traumatization among Canadian therapist working with sex offenders. Her study of 91 therapists suggested symptoms of vicarious trauma were present in the therapists surveyed using the Traumatic Stress Institute Belief Scale- Revision L. However, because of the overlap between vicarious trauma and burnout, evidence to support this was inconclusive. She also found in comparison to other mental health professionals, the therapists in the study displayed moderate levels of emotional exhaustion, high levels of depersonalization and, notably, high levels of personal accomplishment as measured by the Maslach Burnout Inventory Human Services Survey. Specialized training and a supportive network of colleagues was found to offset effects of burnout.

Cumming and Buell (1997) state that "burnout is an occupational hazard when working with the offender population" (p.118). They explain that the rapid rate of burnout, manifesting in practitioners as a lack of enthusiasm, commitment, and interest, is more of a problem than physical attack from the offenders.

Sex offenders may be also be seen as persons with severe personality disorders, many of whom have been victims themselves. Strasburger (1986) discusses the impact of working with this difficult clientele:

> Countertransference can prevent the therapist from being his best therapeutic self, interfering with his perceptions and thinking, as well as making him exquisitely uncomfortable....Countertransference often undermines the staff's feelings of competence and self-respect, adding to the phenomenon known as burnout. (p.196)

Strasburger reports seven countertransference reactions that may be experienced by the practitioner: 1) fear of assault or harm; 2) feelings of helplessness and guilt; 3) feelings of invalidity: 4) loss of identity; 5) denial; 6) hatred; or 7) rage and wish to destroy (p.201).

Researchers identify trauma survivors or survivors of sexual abuse as a specific client population that presents unique challenges to practitioners. McCann and Pearlman (1990, 1993) report profound change in therapists' cognitive schemata and adaptations after hearing about traumatic events from their clients and identify the phenomenon as vicarious traumatization. They go on to explain their interactive approach:

> Our notion of vicarious traumatization is somewhat broader than countertransference, as it implies that much of the therapist's cognitive world will be altered by hearing traumatic client material. It is our belief that all therapists working with trauma survivors will experience lasting alterations on their cognitive schemas, having a significant impact on the therapist's feelings, relationships and life. Whether these changes are ultimately destructive to the helper and to the therapeutic process depends, in large part, on the extent to which the therapist is able to engage in a

> parallel process to that of the victim client, the process of integrating and transforming these experiences of horror or violation. (McCann & Pearlman, p. 136)

Furthermore, McCann and Pearlman suggest:

> Although burnout literature is relevant to working with trauma victims, we concur with others…that the potential effects of working with trauma survivors are distinct from those of working with other difficult populations because the therapist is exposed to the emotionally shocking images of horror and suffering that are characteristic of serious trauma. (p.134)

Rich's (1997) study suggests "the presence of vicarious traumatization may be detected by an individual experiencing it, across a variety of professions, including those serving both perpetrators and survivors of many types of trauma" (p.86). Consequently, those practitioners working with perpetrators may increase the complexity of vicarious traumatization as they are exposed to both the victim's anguish and the suffering the perpetrator inflicted. Rich's study found that interventions such as clinical supervision, support from peers, and good physical self-care could offset vicarious traumatization. Rich suggests that the phenomenon of vicarious traumatization is emerging in the literature.

In their book titled When Helping Starts to Hurt, Grosch and Olsen (1994) describe burnout among psychotherapists dealing with many types of difficult clients. They examine the breaking of the human spirit so frequently encountered in helping professions. They describe burnout as not just tiredness but "a gradual depletion of the spirit and a loss of faith in our capacity to make a difference" (Grosch & Olsen, p.4). They state that the average therapist has a productive professional life span of ten years before the burden of taking other people's troubles on one's shoulders erodes self-confidence and the desire to help others. They state that "many of us who started out hoping to make a difference in the world have ended up hoping to simply make it to the end of the day"(Grosch & Olsen, p.ix).

Masson (1998) surveyed British practitioners who work with clients of sexual abuse to understand their views and issues. The survey was completed by 67 practitioners across numerous disciplines, including psychologists, residential staff, pediatricians, police, psychiatrists, social services staff, and youth and justice probation personnel. The results indicated that practitioners had many issues and concerns, none of which will be resolved in the short run. A major finding that was worrisome and disappointing to the researchers was the limited amount of post-qualifying training participated in by practitioners. Half of the practitioners reported that they had less than a week of training and most had less than a month of post-qualifying training. Although practitioners said they would welcome further training, especially in a multi-disciplinary context, few appropriate training courses were available. Another finding indicated that few models or policies were in place to support practitioners dealing with clients of sexual abuse. This "patchy service model"(Masson, p.117) and arbitrary decision-making was apparent as only one percent of the practitioners reported being very satisfied with the arrangements. This creates an atmosphere of stress and it seems that not many practitioners are hopeful that the system will change to support their work.

Several researchers state that therapists working in the field of sexual abuse need to examine their own issues in relationship to burnout. McCann and Pearlman (1990) suggest that the therapist's own unresolved psychological conflicts determine her or his reactions to traumatic material. Jackson et. al. (1997) state, "No person should enter this field without close supervision and treatment for their own issues" (p. 69). Bengis (1997) suggests that, when working with sexual abuse clientele, therapists need to have a context for working through their own "inner land mines" (p. 43). Grosch and Olsen (1994) explain:

> Healing comes through the wounded life.... Accepting oneself as a wounded healer is not enough to heal burnout. However, as we learn to integrate the more vulnerable parts of ourselves and accept our woundedness, we are much less likely to hold onto elaborate grandiose defenses. By embracing our own woundedness, as well as understanding how often work systems tend to replicate our family systems, we can learn to set boundaries and limits, say no, and take better care of ourselves at work. The ultimate goal of the treatment of burnout is to get professional helpers to accept themselves as wounded healers rather than grandiose saviors. (p. 153)

Sexual Abuse and Hope

Even though sexual abuse is widespread and has serious societal and familial ramifications for both the perpetrators and the victims, the extent to which the interplay of the adversarial variables affect the people involved is uncertain (Beitchman et al., 1992; Ellerby & Bedard, 1999; Graziano & Mills, 1992). Sexual abuse and its relation to hope remains a relatively unexplored area.

Blanchard (1995) suggests that working with sex offenders is at times a very difficult relationship. He believes that, although sex offenders cannot be cured, they can be “restored” with some concrete strategies of behavior management and self-control but admits that to go against the trend and to advocate for sex offender treatment versus incarceration is a very lonely mission. He concludes that "much of the time we argue on behalf of restorative efforts with little more than hope to sustain us" (Blanchard, p.49).

Erdem's (2000) study is one of the first in the field to examine the adversarial aspects of sexual abuse and the complex interplay between it and hope. The purpose of the study was to explore hope in sexually abused children within the context of play therapy. She used the children's words to identify the sixteen emergent themes that the study generated. Themes such as "hope is having people who care" (Erdem, p.6) and "some one can help you get to hope" (Erdem, p.6) were identified. Erdem acknowledges that "being in touch with my own hopes and using them therapeutically" (p.200) enhanced hope in the three children on whom the research is based.

Ellerby and Bedard's (1999) paper describe how a gathering of native and non-native individuals came together from all walks of life to face the problem of sexual abuse and sexual offending behavior within native communities. The effort was organized by the Native Clan Organization in collaboration with the Hollow Water's Community Healing Program and sponsored by the Department of the Solicitor General of Canada. Ellerby explains the purpose of the Path to Wellness gathering:

> It is our hope that the wisdom of the participants, Elders and teachings gathered can help others move down a road to acknowledging and taking action against sexual abuse and to work with all those who are affected in a hopeful and healing way. (p.33)

The process was described "as one of hope where there was a strong sense that people can get better, change and grow"(Ellerby & Bedard, p.11). In the end, 107 issues surrounding the area of sexual abuse were addressed. Some of these were: facing resistance and moving toward ownership; keeping the secret; taking responsibility; a need to move from community denial to community ownership; offenders as community members; message of hope and healing; teaching children to be safe; holding elders accountable for inappropriate conduct; and the helpers and the healers (Ellerby & Bedard, p. 4).

It is clear that sexual abuse is a form of suffering in which hope may be a valuable part of the healing process. If hope can support healing in medical and psychological realms, it is likely that hope, overtly practiced in the area of sexual abuse therapy, could help the healing of clients of sexual abuse and sustain the practitioners involved in that healing.

Summary and Conclusion

This literature review validated my perceptions and understandings that there is a need to study the interplay between hope, practitioners and sexual abuse. The research in the area is non-existent. Studies also suggest that, due to its elusive and complex nature, hope is an intrinsically difficult construct to explore in a straightforward manner. When the concepts of hope and practitioners, and hope and sexual abuse are added, the task of the researcher becomes extremely complex and challenging. However, if the goal of qualitative research is to capture the complexity of perspectives in natural settings in a holistic manner, such research has the potential to provide the rich descriptions of hope in practitioners who work with clients of sexual abuse that is needed to develop a trustworthy study.

Chapter 3

Methodology

Research Design

My purpose in undertaking this study was to understand hope in practitioners who work with clients of sexual abuse. Creswell (1998) believes that "qualitative researchers strive for 'understanding', that deep structure of knowledge that comes from visiting personally with informants, spending extensive time in the field, and probing to obtain detailed messages" (p. 193). Because of the nature and intent of this research, a qualitative design was employed. Ellerby (1997) suggests that research in the area of practitioners working with clients of sexual abuse is limited, and that more studies, qualitative or quantitative, would be beneficial. He states that the existing work is considered preliminary and is virtually "nonresearch literature" (Ellerby, p.58).

In this research, semi-structured interviews were conducted to capture the understanding of hope in practitioners who work with clients of sexual abuse. Analysis and interpretation of the data were conducted using an inductive approach, allowing themes to emerge through the voices of the participants. Wolcott (1994) states that qualitative researchers need to be storytellers (p. 17). Hall (1990) agrees that research goals and stories are compatible. With reference to studying hope, she suggests that "the fallacy of many studies is in the attention to objectivity, while the subjective and non-measurable elements of experience that are felt and talked about by persons living with them are ignored and invalidated" (Hall, p. 184). My goal in the data gathering and analyzing phases of this research was to collect and analyze the stories of practitioners' personal and professional hope. With this data, I could then reach a better understanding of how hope might affect their work with clients of sexual abuse and, in the process, possibly support their hope.

Research Methodology

Participant collection.

Through the month of December 2000, I collected from colleagues 15 names and phone numbers of practitioners who work with clients of sexual abuse. The only commonality of these individuals was the fact that they worked with clients of sexual abuse. In early February 2001, I contacted the 15 practitioners by phone to introduce myself, leaving a message with their receptionists or on their voice mail asking if they would be willing to participate in my research. Eight practitioners had contacted me by mid-February, or had made arrangements to talk to me. Seven did not respond for unknown reasons. Perhaps they did not receive the message, or were busy, or had no desire to participate in hope research. Of the 8 who responded, 2 were interested but could not commit to the research at the time. The other 6 agreed to be interviewed. I faxed or emailed the participant information letter (Appendix A) and consent forms (Appendix B) to each participant. All 6 signed the consent form at the first interview and background data was obtained (Appendix C).

Description of the participants.

Six participants were interviewed for this research. Five of the participants were from two large urban centers, and one lived and worked in a smaller city outside one of the large urban centers. The urban centers where the participants resided and worked are large cities with well-established resources for clients of sexual abuse.

Five of the participants who were interviewed for this research are practitioners who currently are working with clients of sexual abuse. One had just recently been promoted to another position after spending 4 years in the area of sexual abuse. The experience working with clients of sexual abuse ranged from 3 to 20 years. The table below displays additional information regarding the background and demographics of the participants in this study. Names of the participants have been replaced with pseudonyms:

Table 1.

Characteristics of Practitioners Involved in the Research

Name	Sex	Age	Education	Marital Status	Work Location
Barrie	M	38	University	single	office/bureaucracy
Lori	F	51	College	married (31 years)	chapel
Carrie	F	26	College	engaged	residential setting
Rob	M	27	University	married (2nd time)	residential setting
Tammie	F	37	University	married	private practice
Martha	F	45	University	married	hospital/private prac.

To introduce the participants involved in this study, a brief description of each is reported below. Their life stories follow in Chapter 4.

Barrie - Barrie is a single man who works in a large urban bureaucracy of law enforcement. He has an education degree from a large urban university. He lives in the city but reports that he really enjoys going to the mountains to breathe in the natural beauty and escape from his 80-hour-a-week work schedule. He has spent extensive time in his career working with clients of sexual abuse, but recently was promoted to another position within the organization.

Lori - Lori has been an ordained pastor for 22 years and practices as a pastoral counselor at a local chapel in a large urban center. She attended a bible college for 2 years. She has been married to her pastor husband for 31 years and has no children. She and her husband moved from another city last year in order to shift their professional direction and minister to a new community. She enjoys the clients she works with, especially the clients of sexual abuse, as she herself is a survivor of sexual abuse.

Carrie - Carrie has a college diploma in childcare. She is engaged to be married "sometime" and reports that she really enjoys spending time on her family's farm in a rural community. She takes her career as a youth and family counselor very seriously and strives to make a difference in the life of the clients of sexual abuse she works with in a residential treatment program. She is seriously considering a return to school part-time to complete a degree program.

Rob - Rob is the team leader of an intensive residential treatment program for adolescent sex offenders in a large urban center. He reports that there are on average 11 youths, ages 13-18 years, in treatment at any given time. He is currently in a second marriage and has no children. He says that training and racing are what he does for a hobby to keep his heart, mind and soul strong.

Tammie - Tammie is therapist with a Master's degree in family studies and has worked for 12 years in a private practice. She does extensive work with clients of sexual abuse. She is married and has children. She spends all her time away from the office driving her children to and from different activities. She reports coming from a very large Ukrainian family that taught her all about hope.

Martha - Martha is married and the mother of two teenage sons. She works part-time out of a large urban hospital and spends the rest of her working week seeing patients in her private practice. She has mostly worked with survivors of sexual abuse however her practice does sometimes involve working with perpetrators as well.

Data collection methods and procedures.

Data was gathered through two semi-structured interviews with practitioners who work with clients of sexual abuse. Practitioners were asked to provide detailed information regarding their understandings of hope. They were asked to describe their origins, influences, experiences, and understandings of hope, both personally and professionally. This interview process was partly retrospective in nature in that practitioners were asked to recall their experiences of hopeful events that occurred in the past, along with their current and future understanding of hope. Although the practitioners were encouraged to tell their stories at their own pace, a list of questions (Appendix F) was developed to guide them when needed, and to ensure that each covered a similar breadth of information. As is often the case with qualitative research, the interview process and the list of developed questions evolved as the research progressed and patterns and themes emerged.

Using the semi-structured interview format, each practitioner was interviewed at a location of the practitioner's choice. Six of the interviews were conducted in the researcher's office; two in a practitioner's office in an adjacent city; three in a residential treatment center in another urban center; and one in a local chapel. Interviews were audio-taped, and transcribed by a typist (Appendix E). The initial interviews varied in length from 45 minutes to 1 hour. A second interview was conducted within two months to verify and expand upon data from the first interview, as well as to gather additional insights or thoughts that were initially omitted. In order to accomplish this, the practitioners were provided with a transcribed copy of their interview that was e-mailed or mailed to them prior to the second interview. They were asked to review this copy to ensure its accuracy.

In addition to this interview format, field notes (Appendix D) were taken as a secondary method of gathering data. These detailed notes were written following each interview and provided descriptions of the context, including: the time, place, and location; the behaviors, emotional responses, and presentations of the participants; and the researcher's reactions, feelings, and understandings that emerged during the interviews. The field notes provided not only an audit trail, but also another source of knowledge that enhanced the data gathering process.

A personal interview of the researcher was conducted by a colleague, prior to the interviews with practitioners, using the same semi-structured format. This was a third way to support the data gathering process. In qualitative research it is understood that researchers are key instruments and, as a result, their biases can easily influence data gathering, analysis and interpretation. In order to limit these biases, researchers must identify them. In doing so, they and other readers understand what the biases are and can consider how they might affect the research. Steps must also be taken to ensure that biases do not contaminate the findings and understandings. Bracketing is the procedure used to reduce the likelihood of researcher bias affecting the findings and understandings.

Every effort was made to increase the trustworthiness of this study. Trustworthiness refers to the amount of confidence researchers and readers can place on what they have seen, heard and read. Historically, Lincoln and Guba (1985) addressed trustworthiness using terms that they contend "adhere to naturalistic axioms" (p.300). Terms like dependability, credibility, confirmability and transferability. In the last decade, there have been alternative terms presented to support qualitative researchers in documenting and discussing trustworthiness within a study. Lather (1991) suggested that uncertainty in the human sciences field led to the re-conceptualization of validity and she called for "new techniques and concepts for obtaining and defining trustworthy data which avoids the pitfalls of orthodox notions of validity" (p.66). Wolcott (1994) is another researcher who shares a re-conceptualization of validity, stating that "Validity neither guides nor informs my work" (p.356). He explains that, although what he seeks is not unrelated to validity, validity does not capture its essence and is not the most accurate term. He prefers using the term "understanding" as it seems to encapsulate the idea as well as any other. Creswell (1998) suggests that, in order to understand trustworthiness, the researcher and the reader of the study need to ask the central question: "How can I know if the findings of the study are believable, accurate and right?" (p.193) Unquestionably, trustworthiness is a complex and emerging area within qualitative research that continues to evolve.

In this research rigor and trustworthiness were addressed at every step of the process from genesis to conclusion in order to enhance verification of the findings. Rigor implies that the techniques for data gathering and analysis enhance the integrity, accountability, and acceptance of the findings. Rigor was apparent in this study as well-established data gathering procedures and analysis techniques were used. Verification is "a process that occurs throughout the data collection, analysis, and report writing of a study and standards as *criteria* imposed by the researcher and others after the study is completed" (Creswell, 1998, p.194). Even though the academic discourse which surrounds the issues of trustworthiness and verification in qualitative research continues, I believe the findings of this study are firmly grounded in the data. The attention to rigor has been purposeful and ongoing. Ultimately, however, the readers of this research will individually judge the trustworthiness of this study. In summary, irrespective of conflicting perspectives and terms, attempts were made to increase the trustworthiness of the study by using the following framework by Creswell (1998):

a) triangulation among different information sources allowed for data interpretation to be cross-referenced. The multiple forms of data used were interviews, field notes, and personal life stories;

b) asking of open-ended questions that allowed the practitioners to explain their understandings of hope;

c) a peer review by another qualitative researcher substantiated interview data, codes and emergent themes, and monitored rigorous adherence to the methodology;

d) member checking; or validating the data and observation with practitioners involved in the research;

e) rich and thick descriptions were used in Chapter 4 to document stories of hope and direct quotations were used in Chapter 5 to support emerging themes. In addition, an ongoing literature review added to the rich descriptions as the themes were supported from the literature;

f) clarifying researcher bias by the researcher participating in a personal interview before conducting the first interview of a participant.

To limit the potency of the researcher's bias, the following is a list of understandings and biases that were generated from the researcher's personal interview, which was conducted prior to the undertaking of this research:

- In my role as an educational consultant/therapist within a private practice, I work with clients of sibling sexual abuse and the families of those clients. When parents come for therapy, they are the parents of both the perpetrator and the victim. This can be seen as quite a hopeless situation. My primary purpose is to guide families in their healing by providing them with data that would help and support them in hopeful ways through this adversity.
- There still is little professional literature that assists in understanding hope within a psychological practice and, in my experience, there is little discussion among practitioners about hope. In my communication with other practitioners who work with clients of sexual abuse, the interaction is often to report the stress that this kind of "hope-deficient" client have can have on our lives. It is not often that hope comes into the conversation, and I am curious about this.
- While working on my Master's degree, I focused some of my research projects and papers on practitioners and clients of sexual abuse, and was surprised to learn that it is not a well-researched area. Research on hope, practitioners and sexual abuse has not been explored to date.
- In the summer of 2000, I completed a hope-focused course that promoted the use of hope in the helping relationships. I was introduced to Tanzel Erdem's dissertation

which explored hope in sexually abused children. Her work provided impetus to both my own research and my private practice.

- Throughout my career, I have had times of feeling complete joy and complete hopelessness. Edey, Jevne, and Westra (1998) state so eloquently, "If you work in one of the helping professions, you may recall times when you were expected to maintain an appearance of professional efficacy even though you felt no hope" (p.1). The following story depicts the essence of hopelessness I felt while working as a consultant with adolescents within a school system:

> I remember feeling particularly dreadful about the meeting that was going to take place. I walked into the East Vancouver schoolyard, where custodians arrived at 6:00 a.m. daily to pick up syringes and used condoms off the school playground to protect the children from potential harm. The school entrance was not lit as it was early morning and not many people had arrived yet. As I sat in the general office waiting for someone to arrive who could direct me to the office where the meeting was to take place, I remember looking at bare walls. I wondered if children felt welcome, or a sense of love and caring here. I certainly did not. One of the group came to meet me and ushered me up to the office where the meeting was to take place and then quickly disappeared. I remember sitting in the small office with no outside windows or fresh air and wondering how learning could happen or be nurtured without light or air. It was suffocating. People coming to the meeting filed in and, somewhere in the tone of the place, I felt doom. I now understand that feeling to be a sense of hopelessness.

> At the time, I did not have the language nor the awareness to understand what was happening to us in that room that day. The student we were there to discuss finally arrived with his mother and I remember the immediate hushing of conversation in the room as everyone's eyes shifted downward and the uncomfortable feeling of "where do we start with this?" was felt. The student plunked himself into the chair with a huge sigh and looked at the floor. No one greeted him and, he in turn, greeted no one. I was part of a team that had decided, sans the child, that he was going to fail. The team members each contributed their piece of the mess as we went around the table. I remember with each vocalization feeling the dampness of the school close in around me, the bareness of the walls scream louder at me and the child's spirit crying out for reprieve from the slaughter. A great sense of hopelessness and shame came from within me. I was in touch with the piece of me that was unable to protect this child, not from the condoms and syringes that lay each morning in the school yard, but from the people in his life that were supposed to support and nurture him. I cried tears of hopelessness all the way to my next meeting. I now understand what I was feeling and I never want to feel so hopeless again.

As a result of these five professional and educational experiences which bracket my bias, I believe that hope is an integral part of my everyday life, particularly as a practitioner who works with clients of sexual abuse. However, I did not disclose these beliefs to the practitioners during the interview process, and made a conscious effort to identify understandings that both confirmed and challenged my understandings and experiences. Although I have found that hope is an important strategy for me to use with clients of sexual abuse, I had no preconceived notions of how hope would manifest in the practitioners I interviewed for this research. I was eager, both personally and professionally, to learn their understandings. In this way, I tried to utilize my theoretical and practical knowledge of practitioners and sexual abuse and hope, rather than allowing it to become a limiting factor.

Data analysis procedures.

As I was beginning the process of collecting data, I was also beginning to understand that there was no one way to analyze it. During the literature review, I came across Miles and Huberman's (1984) work, and their strategies describing methods of data analysis seemed pertinent and especially useful throughout the process of data collection. In particular, they believe that the ideal model should interweave data collection with analysis from the beginning of the research.

> Analysis during data collection lets the fieldworker cycle back and forth between thinking about the existing data and generating strategies for collection of new-often better quality-data; it can be a healthy corrective for built-in blind spots; and it makes analysis an ongoing, lively enterprise that is linked to the energizing effects of fieldwork (Miles & Huberman, p. 49).

The process of interweaving data collection and data analysis was utilized in this study. Each interview was transcribed by a typist following the first meeting. Then each transcription was read while the accompanying taped interview was listened to. This allowed me to check for accuracy and to record additional thoughts, ideas, questions, and interpretations. Reflective remarks were written in the right column next to the transcription.

The next step in the process involved identifying the relevant pieces of data in the transcribed interviews. Tesch (1990) called this process “decontextualization”. She suggested that researchers identify smaller parts or segments of the data. These units of analysis must be comprehensible on their own and should contain one episode, idea or thought. She also stated that "unless you are doing the kind of analysis where every utterance or statement matters, carve out of the data only those segments that have potential relationship to the purpose of your study" (Tesch, p. 18). In order to ensure that each segment of data could be easily identified with the participant interviewed, each interview was assigned a color. Then relevant quotations were highlighted in each interview. The process of coding followed this highlighting. A peer review process was implemented to ensure the validity of the codes and the emerging themes.

Miles and Huberman (1984) described coding “as the process of applying an abbreviation or symbol to a segment of words” (p. 56). A set of tentative codes was established prior to beginning the coding process (Appendix G), but I allowed the interviews to dictate the codes or topics that emerged. Therefore, the codes evolved throughout the study and the process of analysis. When initial coding was completed following the first set of interviews, notes were made of additional topics that I felt needed to be explored with each practitioner. The second interviews were then conducted, transcripts of these interviews were transcribed and reviewed, followed by the writing of more reflective remarks and the coding of data. Field notes were also coded in this manner.

The process of “recontextualization”, as described by Tesch (1990), was the next step taken in order to gain a sense of common themes and overall impressions. This involves the organization of the quotations by grouping data with similar topics or codes together. The index card system described by several authors (Colaizzi, 1978; Miles & Huberman, 1984; Tesch) was utilized because it provided a practical and meaningful way to work with the data. Each data segment was cut out and placed on an index card that identified its origin (practitioner interviewed and page number in the interview). Once all of the quotations were on cards, every quotation that discussed a similar idea was grouped together so that they could be read in a continuous fashion. This process of organizing categories was time-consuming and involved continuous reorganizing of cards. Data within categories and sub-categories was checked for consistency and peer reviewed for validity.

Wolcott (1994) described three ways that researchers can work with the data they gather: description, analysis, and interpretation. He did not suggest that they are mutually exclusive, nor did he conceptualize distinct lines between them. Wolcott believed that qualitative researchers should use these three categories, with varying degrees of emphasis, in order to organize and present their data (p. 11). He defined description as writing that stays close to the data, with the underlying assumption that the data speaks for itself. Description answers the question, "What is going on here?" (Wolcott, p. 12). Analysis is often seen as the step beyond description, but is frequently combined with interpretation. Wolcott made a distinction between the two. He defined analysis as the identification of essential features that proceeds in a careful and systematic way, whereas interpretation involves going beyond analysis "to make sense of what is going on" (Wolcott, p. 10).

I included all three ways of working the data with an emphasis on description and analysis, however interpretation likely occurred throughout the process. Wolcott (1994) warned that all data, regardless of how much a researcher tries to remain objective, are "tainted with an analytic and interpretive cast in the very process of becoming data" (p. 16). Readers must therefore assume that, even in the most purely descriptive accounts, both analysis and interpretation are present.

Ethical Issues

To ensure adherence to all ethical considerations, a copy of the research proposal was submitted to the Faculties of Education and Extension Research Ethics Board in the Department of Educational Psychology. Furthermore, the following ethical considerations were accounted for in this study:

Participants who agreed to become involved in the research were provided with an informed consent letter (Appendix A) outlining the nature of the research and their involvement in it. They were also asked to sign a consent form (Appendix B) that stated that the data gathered would be used for a Master's thesis as well as for the publication of journal articles. Subjects were asked to provide signed consent for the interviews to be audio-taped and transcribed by a typist who had signed an oath of confidentiality (Appendix E). It was clearly stated and understood that all participants could withdraw their consent at any time and for any reason.

To ensure confidentiality of research data, names of subjects were removed from all data (i.e., transcribed interviews) and no one, other than the researcher and the typist, were aware of their identity. The names of subjects will never be used in any publications that describe the research. Pseudonyms were given to each subject to be used for discussion of results.

Limitations

This research provided some insights into practitioners understandings of hope while working with clients of sexual abuse. A qualitative approach was used to gather rich and descriptive information, however, there are some limitations to using this approach. One limitation was due to the fact that the understandings were restricted to 6 practitioners; a second was the interaction between the researcher and the practitioners; and a third was utilizing a retrospective approach.

The research for this study was conducted by interviewing 6 enthusiastic individuals. Although 15 practitioners were contacted, the first 6 that agreed to participate were chosen. It is possible that practitioners who were feeling less than hopeful may not have wished to participate and thus did not respond. As a result, this research likely involved those practitioners who were hopeful in their work with clients of sexual abuse, and may not provide any insight into the perspectives of practitioners who are not.

By using a qualitative approach there was an interaction between the researcher and the participants. While this is an asset as it allows for the establishment of rapport, and is the vehicle for the act of interpretation, it may also be a liability at times. Verbal and non-verbal cues may have inadvertently influenced the practitioners' responses. Although attempts were made to be neutral and an initial hope interview was conducted on the researcher in order to bracket biases, some influence may have occurred.

Using a retrospective approach in portions of the interview may limit its accuracy. Practitioners were asked to recall origins of their hope and experiences from their childhood that happened years before the interviews. Memory is a variable that may affect the accuracy of events and feelings.

Chapter 4

Practitioner's Stories

Each person exists in the world unlike any other person. Life experiences create for us our own unique story. White and Epston (1990) noted that a person's life can be understood as a story with a past, present and future and that people are naturally multi-storied. Wolcott (1994) stated that qualitative researchers need to be storytellers (p.17). As I began to analyze the stories of the practitioners interviewed, I realized that some descriptive and meaningful information about hope in their individual lives was not included in the analysis. It seems I had told their stories collectively, but not individually. Hall (1990) believes, when studying hope, that research goals and stories are compatible. She explains:

> Researchers need to have the freedom to present subjective ideas in a direct and personal way, without the risk that they will be dismissed because they are too individual and particularistic. (Hall, p. 184)

Jevne (1994) believes that, although hope is an universal experience, it is expressed in each individual's narrative of his/her own life. Parse (1999) states that qualitative research studies that enhance the knowledge base of hope tend to be rich, "since the participants themselves told stories about their meanings of hope" (p. vii). It is with these understandings I wanted to honor my participants by enhancing this study with some of the more "subjective and non-measurable information" (Hall, p.184) about them, through their rich and descriptive individualized stories.

Lori's Story

Lori came into my office smiling and told me that she appreciated me greeting her with a smile. It made her feel safe and was encouraging, as she was a bit nervous about doing the interview. In response to the request to be part of my research, Lori had called back immediately and said "Yes". She has been working as an ordained pastor doing pastoral counseling for 22 years and had never spoken to anyone in an academic realm about her work. She came that day to tell me her story of personal and professional hope. She sees her role in life as helping people that are hurting, including clients of sexual abuse.

Lori grew up as the youngest of 13 children in the backwoods of Ontario in a one-room dirt floor shack. She compared her life to 'The Clampetts' on television, without the oil. Her mother had been bought by her father at age 14 for a few cows and brought to Canada from Austria. Her father was 20 years older than her mother and he was extremely abusive to his family emotionally, physically and sexually. He kept a loaded shotgun at the door and a noose at the entrance of their property to scare off potential trespassers. Life was hard. They had no income and lived solely off the land. They hunted to eat, not for sport. Although Lori's mom was only 4"10" tall, severely abused and totally blind by the time Lori was born, she was Lori's model of hope.

Lori explains that she slept on her mother's stomach until she was 10, sharing the luxurious space with the family dog. She told of times when her completely blind mother would play hide-and-go-seek with her, smashing into trees and laughing the whole while. She speaks fondly of her mom's laugh and her sense of humor under such adverse conditions. She explains that her mom would clasp her face with her hands to "see" her and say:

> Just because you have nothing, doesn't mean you are nothing. God only made one of you, that is why you are special. She would also sing songs of hope to me when I was growing up and one was actually in a movie a while back: O Brother, Where Art Thou? You are my sunshine, my only sunshine. You make me happy when skies are gray. She also sang You're My Sweetheart.

Lori also recalls an old hymn from her childhood that states "my hope is built on nothing less than Jesus' love and righteousness" and sings it spontaneously into the tape. Lori's mother was a "steady force" of hope for her and continued in that role up until her death 5 years ago.

Another inspiration of hope for Lori is her pastor husband of 31 years. She explains that they grew up together, both attending bible college for 2 years in their early lives, and both having the same love for God. It is a bond that has helped them through many trying times in their lives, especially a year-long incident that almost took Lori's life: a diagnosis of lupus. During that time Lori knew she had to "stir the hope that her mother taught her" and rely on God, the love of her husband and prayers from their church community to get her through. She has been in remission for the last 7 years. Recently, they moved from another city to shift their professional direction and to minister to a new community.

Lori explains that in both her personal and professional life,

> Hope is something that is an encouragement. Hope is something that is alive and it's vibrant. Hope is not something that 'well, I hope today' and 'I don't hope tomorrow'. Hope is constant. Hope is not something that I lose out on because I am having a bad day. Hope is always there - it's alive, it speaks to me.

In working with clients of sexual abuse, Lori states that hope needs to "become home-based in them". Her hope is rooted in Christ. She explains:

> They can mimic or model me and they can ride on my hope for awhile but unless they start getting it into them and rooted like a tree, then the roots will always be up in the air. Eventually, they need to bear their own fruit or they will continue to eat mine.

Lori sometimes uses the story of her own abuse and her illness to help clients of sexual abuse see hope. She explains her wanting to give up but hearing her mom's words and knowing that God didn't want her to give up helped her move forward. Her experiences tell her:

> Agreeing with God - that creates the power for your body to live on. So hope rejuvenates you and generates you, there's something that comes into agreement, your body comes into agreement, your spirit comes into agreement, your soul comes into agreement and when that happens, hope happens in you.

She believes in and speaks to her clients of sexual abuse about God not wanting anyone to give up in the world, no matter what has happened to them.

Lori believes that one cannot have hope without action. She states:

> Hope is alive. Hope is rejuvenating. Hope is vibrant. Hope is not, 'Oh God, I hope so'! Hope is planning a vacation and going. Hope is planting a rose bush and enjoying the roses in every way, the fragrance, the look, and the fallen petal. Hope is getting out of bed when all you want to do is close the blinds and isolate for the whole day. It is an action that moves you forward.

Lori sees the color of hope as a beautiful, ever-changing rainbow. She explains:

> I remember we had one on our property. I said to my husband 'look at that', and he said 'it ends on the edge of our front yard'. We ran over to it and stood in it . . . because of the rain, how the rainbow is caused by the rain, hitting the ground and all the colors, and I said, 'this is exactly what I feel hope is. It's standing in a rainbow!'

Lori will continue to minister to clients of sexual abuse with the love of God and her family in her heart. Coming from a background of adversity has helped her see the world in a hopeful light.

Barrie's Story

Barrie is a tall, athletic, police officer in his late thirties. He came to tell me his story of hope while working as a practitioner with clients of sexual abuse. At our first meeting early one spring morning, he showed up at my office with a coffee in one hand and bagel in the other and mumbled something about running late and not having time to eat breakfast, and did I mind him eating while talking. Not being able to shake hands as they were filled with his goodies, I mumbled something like "oh sure" and led him to my office. Barrie had mentioned over the phone that he was working eighty-hour weeks and his time was limited. To respect his time frame, I started the interview shortly thereafter. Although Barrie described himself as a "dumb cop", he came across as an articulate and knowledgeable man. He used words, like "minutia" and "didactic", that got me scrambling for a dictionary after he left. It was in this context that he told an authentic story of his personal and professional hope.

Barrie grew up in a small Alberta community in a family of five: a father, a mother, a sister, and a brother. He is of Irish descent and was raised Roman Catholic and Protestant. He states that he is highly spiritual, but not religious. His dad was the

Protestant. He states that he is highly spiritual, but not religious. His dad was the breadwinner and his mother a homemaker. His family environment was loving, supportive, and encouraging. "Hockey Night in Canada" was a benchmark for him growing up and his family would often come together to spend Saturday night in front of the television. Barrie's father was a model for him, instilling a core of hopefulness within him through his attitudes. He explains that there weren't huge incidents between himself and his father that created hope, but rather their daily interactions kept a hopeful momentum going at all times. Barrie explains that, after a tough day at school, his dad was always able to instill in him that "no matter how many negative little particles there were within your day, overall the day was still good". His father's wisdom about being able to look forward to the future, believing that "things would always get better, that things would work out no matter what", has carried Barrie through some emotional times in his life. Recently, he went to Jasper with his family to spread his deceased father's ashes. He explains that, even though his father is no longer with him, the hope that he instilled continues to be a constant source of strength for him. Barrie states that he loves the mountains, and as soon as he enters the gates of Jasper, he can get a sense of inner peace, a feeling of hope. Barrie left home to attend university and graduated with a Bachelor of Education before joining the police force.

Barrie worked as a street cop before "being plucked out of a general pool of constables" and beginning his assignment in the child protection sector as a detective. He remained there for 4 years. His job was to investigate incidents of child abuse, both sexual and physical. Throughout his time in this sector, he was able to maintain a core of hopefulness while working with survivors and with a segment of the population that exhibited immoral and indecent behavior; the perpetrators. I was interested in understanding how he maintained his hope in the midst of seemingly hopeless situations with these clients. Barrie went on to tell three vivid stories of sexual abuse: one involving a homosexual pedophile; one involving a teenage female survivor of sexual abuse; and one about the autopsy of a 3-year-old. Barrie was able to say that his hope was easily maintained throughout those three experiences. He explains that the nature of the work didn't impact his hope greatly. Barrie states:

> The hope I have is hardwired in; it can't be affected by external stimuli like that. For me, it's an awful thing that has happened and it's terrible, but if I allow myself to be too ingrained - and it's like a surgeon rearing back at the sight of blood - it does no one any good.

Barrie states that he doesn't think he would actually verbalize or use the word hope to a client of sexual abuse with whom he was dealing. He explains his influence this way. "I would probably just want them to stay with me and look to me for strength and hope without actually telling them that things will get better." He goes on to state that he hopes that just by interacting with him and observing him "they will pick up my internal hope that I have in every aspect of my life". He believes that people learn very well from modeling and "that's a pretty strong way of showing people what there is out there and what to be hopeful about."

Barrie states that his interactions with perpetrators of sexual abuse, depending on where they are in the disclosure process, often shifts. At the interview phase, he would have a comfortable distance between him and the client. After establishing that he believed this person was guilty, his positioning would change in that he would remove any space and show caring. He goes on to explain that, as the disclosure unfolds and the client begins to see the support of possible counseling and therapy assembling around him, he believes that, "hope is starting to lay its foundation." Another powerful way that Barrie builds relationships with his clients of sexual abuse is to tell them real stories about his own life. He tells a story that he actually would use with a client to explain some of his own "out of character behavior":

> Once I was at a house party and the people that were having the party only had one washroom and I really had to go to the bathroom badly so I went downstairs and urinated in their laundry drain in the basement and got caught by the home owner, and it was embarrassing because they were friends of mine and until this day I'm still embarrassed about it every time I go over for dinner. So it was just something that was just completely out of character for myself. I would never do it except for the fact that I had this urge that had to be satisfied now and that was the closest place I could relieve myself.

Barrie sees a lot of hope in his workplace and in the general community. Most recently, a colleague's wife was dying and he had run out of sick days. Many people on the force banded together and gave the colleague some of their sick time so he could be at home with his wife and children. He sees this altruistic behavior as hopeful and he appreciates people who participate in community service, even if it only means donating a few winter coats or carving a Thanksgiving turkey.

I was interested to know what color Barrie thought hope was. The color Barrie most relates to hope is green. His first bike was green and he really remembers hoping for a bike. He also likes blue because it was his father's favorite color but he says orange speaks to him as well, "maybe it is the Irish coming out in me".

Although Barrie's work with clients of sexual abuse is at times horrific in nature, he seems to be able to maintain the hope instilled in him from his childhood.

Carrie's Story

I met Carrie at her place of employment, a residential setting for eleven adolescent sexual offenders in a large urban center. The program has nine staff including a therapist, a consulting psychiatrist, a team leader, a program manager and front line counselors. Carrie was warm, helpful and doting. It was clear that I was going to like her from the first moment we met. Her statement that she parents these kids was evident in her interactions with me, as she keep checking to make sure I was comfortable. She has been working in the program for 3 years in the role of youth/family counselor. She is also the school liaison for the adolescents and she does the follow up with them when they leave the program. That role takes her across Canada. She sat down with me to tell her story of personal and professional hope.

Carrie comes from a large family and was raised Catholic on a farm in rural Alberta. One of her earliest memories is of hoping people were safe and happy. Her brother died when she was 4 years old and it was that event that had the greatest impact on her when she was young. Because of that experience, her parents taught her to enjoy every second of life, to be filled with hope and not to dwell on the negative aspects of life. She learned at a young age to build strong relationships and never take anything for granted. Her dad is a farmer and she feels that he is a creative and talented person. Her mom worked from "sunup 'til sundown" to provide for her family by doing things like planting a garden that would yield nutritious food. Anywhere on her family's farm symbolizes hope for her. Getting a whiff of homemade bread from her mother's kitchen, a hug from her younger brother or a jump in the haystack all bring hope to her. She is a "big sky watcher" and it is activity that creates hope in her. When she looks up, she just has a feeling of "okay and wow". The sky's beauty signifies hope to her.

Carrie is engaged to "a wonderful guy". They haven't set a wedding date as of yet, but the plans are underway. She recently has had to do a lot of emotional work around understanding her spirituality versus her religion. As a couple, she and her fiancé have chosen, much to the chagrin of his parents, not to be married in the Catholic church. This decision has created some strife in all her relationships. Carrie has used this experience to explore her own core beliefs about religion and, through that, has come to have a lot of hope. They now feel comfortable with their choice. She also knows that in order for her to remain hopeful in her personal life, she needs a balance in her work schedule to keep the meaningful relationships in her life strong and hopeful. She was leaving with her fiancé right after our interview to head to the family farm to hang out.

Throughout her professional life, Carrie believes that she has taught kids to hope. Giving hope doesn't have to be big. It can be saying "atta boy" as you walk past a client in the hallway. Giving hope gives her hope. Hope is reciprocal for Carrie. She also believes that her clients can fly on her hope until they get their own. She believes that hope is contagious. Each day as a youth counselor, she "puts out invitations" to her clients to have a great day. If anyone needs to call her during the day to talk about concerns or just to say "hi", they are encouraged to connect. She has also seen counselors help clients who are down "lend their strength and hope". She talks about making hope visible and real for her clients. She explains the process:

> I did a group on hope, in cycle of sexual abuse group we talk about hope. In my supervision of my practicum students, I talk about hope. We've made hope posters, hope bracelets . . .we're beating it to death - but they are getting it and they're living it. Now they are saying to each other, we had a group the other night where one of the boys was making a poor decision and the other one said 'Well, where's your hope? You have no hope for yourself right now; how can we support you to give you back, until you have your own?' You just sit back - and now I'm just watching it play out in other staff and their conversations, I'm just sitting back and listening because I brought that to them.

The color that Carrie most related to hope is blue and of course that is the color of the sky that she gazes at lovingly to feel connected and hopeful. Hope for Carrie was instilled in her in her childhood. Even through adversity, her family of origin was able to maintain a hopefulness that sustains Carrie in her everyday work with clients of sexual abuse.

Rob's Story

I met with Rob at his work and he took me on a tour of the site. He is a team leader in an intensive residential treatment program for adolescent sex offenders in a large urban center. As we toured, staff and adolescents greeted him warmly and in turned welcomed me as a visitor. It was obvious that he did his work with a passion and the staff and the adolescents were meaningful to him. We settled into a meeting room in the main building so Rob could tell his story of professional and personal hope.

Rob feels that his role is to help adolescent sex offenders "write a new story for themselves"; to create feelings of hope instead of hopelessness. He feels honored to be a practitioner who works with these particular clients of sexual abuse. He admits that was not always the case and he was like a lot of people, originally taken aback by the adolescents' offending behavior. He explains that his thinking has shifted drastically and that was due to professionals in the field who taught him "how to hope for these kids just as they are". His experiences working with adolescent sex offenders have changed his understanding of the world and his way of dealing with situations and people. His innate belief that humans are good has become stronger. He states:

> I think working with the population of kids who I work with, I see hope more. For some people they would see it less. They think "well, you work with kids who have committed these offenses" but I see the opposite. I see good in these kids, more than I would have ever thought - what I may have normally looked at as bad becomes 'the biggest pieces of hope for me'. Things that other people would think – "how can that be your source of hope?"- becomes what my hope is all about.

He believes that his greatest influence with the staff is in not becoming hopeless in seemingly hopeless situations and teaching them "how to hope for these kids so that their hope and my hope can build a bigger hope". Rob believes that hope is reciprocal in nature and he has seen the clients of sexual abuse influencing staff's hope. He explains:

> I think a lot of hope that we give them is, like I said, maybe remembering when they did something different or had something different for themselves and I think they give it to us by giving us those gifts of doing something different.

His influence towards the clients is to exude "unconditional love and caring, no matter what". Rob found some poker chips in his desk and decided to give them out to the adolescents as a symbol of caring. The boys could not earn the chips. They were given to them unconditionally. Rob said, "they became real to them, became a talisman of the fact that someone cares about them unconditionally", providing hope for them and, in turn, for the staff and himself. The story continued as Rob was running out of chips and needed to get them back. He decided if they turned in two they would get a pop and five would get them a dinner at Macdonald's. He found this new part of the plan was providing even more hope for the boys as it involved an outing where they could enjoy a meal together offsite. He believes:

> Hope is an invitation for something different. That no matter how bad the situation, no matter how bad the experience that you're having, that good things can draw out of that. That's where hope lies and that's kind of where I see it as metaphorically the light at the end of the tunnel.

Rob came from a family of five. He describes his childhood as hopeful. He explains that as a teen he worked in an old folk's home and was able to see hope through all the despair that was evident with the elderly in that home. He credits his dad for the hope that he has in his life today. He recognizes that, even though his dad came from a "rough alcoholic background", somewhere down the line he acquired a hopeful outlook which he was able to pass on to Rob, his siblings and the community at large as a baseball coach for thirty years. Rob states, "he had a gentle calmness with an absolute desire behind it, he was able to impact people in gentle, hopeful ways". Rob says that he learned to exude hope personally and professionally through his presentation and attitude, just like his dad.

Rob is 27 and is in his second marriage. He states that he learned a lot about hope going through a divorce in his mid-twenties. He is a dedicated athlete and most weekends, participates in events that require much effort and discipline on his part. The weekend of our interview, he had not done well; yet, when he crossed the finish line hurting and not placing, he felt so proud and hopeful that he finished the race. He makes a parallel between his racing and the adolescent sex offenders with whom he works. He does not give up on them in the same way he did not give up on the race, even though he was so far behind. He believes that there is personal gratification in the commitment to move forward and to better yourself. He explains:

> I think for me the idea of hope is kind of light at the end of the tunnel in lots of ways. It's the kind of that thing that, for me at least, always keeps me moving forward because it's that piece that I never give up on, it's something unidentifiable or you really can't put it into words. It's not tangible. It's the idea of always aspiring to something more, something greater, something better.

Although Rob works with clients of sexual abuse that seemingly appear hopeless at times, he seems to exude an air of hope that permeates all areas of his life. He has indeed become just like his dad and I believe that the adolescent sex offenders in the residential treatment center are truly the recipients of hope and caring on day-to-day basis with Rob as their leader.

I wanted to know what color Rob related to hope. The color of hope for Rob is light baby blue. Looking up and seeing white clouds on a background of blue symbolizes hope for him.

Tammie's Story

I drove out to a small community to meet with Tammie. Her office was tucked away in a professional building and, as soon as you opened the door, there was a huge mural on the wall done in black and white. It is of a young child sitting on the floor with its back to you with the slogan underneath that says, " It shouldn't hurt to be a child". I find out that Tammie is an artist and that she had just recently done the powerful piece. Tammie is a therapist with a Master's degree in family counseling and has been in private practice for 12 years. A lot of her practice consists of working with clients of sexual abuse so, when she called back to say "yes" to participating in the research, I was happy to drive the distance to interview her. She comes across as a 30-something, no-nonsense kind of gal with lots of energy and a great laugh. We settled into her comfortable office to talk about her understanding of her personal and professional hope.

Tammie comes from a large Ukrainian family and attributed much of her hope to them, especially the modeling from her dad. Her dad believed in a God he called George and connected with George out in nature rather than in a church. His encouragement and support meant hope for her and this has been with her throughout her life. Her mother was raised Catholic and now attends the United Church. She expressed her hope verbally. She was always teaching Tammie to set goals and reach them, never giving up. Her parents had high standards for all their children. Her cousin once told her that the rest of the families were waiting for the kids in her family to revolt against the high standards. It never came about. Her parents and her extended family were there for all her important events. Tammie explains that if you did something well, 50 or 60 people would congratulate you. Her extended family express their hope by being proud and she also states that she comes from a family of "jokesters". Humor is part of her family's hope.

She sees herself mostly as a "cheerleader" mom of two and is happily married. Hope to her is "we oriented". She has been with her husband since she was fifteen and one of the first hopeful experiences she remembers as a married couple was taking a marriage course and realizing they were on the same path. She recently found the material for the course, reread the questionnaire, and felt a real sense of hope about her marriage more than 20 years later.

Tammie says she was baptized United, baptized her children United, describes herself as not religious but "highly spiritual", and believes that a higher power or Creator guides her life and the life of her family and clients. Working with the First Nations population has helped to take her religious upbringing and give it a more spiritual outlook.

She believes that you can help people hope. She tells the story of a recent fight her son had with his friends and how she helped him hope everyday in the form of encouragement to work through the situation. It looked and felt very similar to how her parents used to instill hope in her as a child and still do to this day. With her clients of sexual abuse, she feels she gives them hope as well.

Tammie believes she is effective as a therapist that deals with clients of sexual abuse because she has the true belief that nothing in life is that devastating. She is a cheerleader to her clients to instill the hope in them that they will survive the ordeal and possibly even be better people for it. She explains:

> I can't play the game for them, but I can rah- rah them along and say 'you are doing okay'. So primarily, I think the therapist's job contains a bit of that. You cheerlead a

> bit. You pick them up, brush them off and keep them on the path. So yeah, cheerleading is like helping them find their own strength. I mean that's what cheerleaders are. They encourage football players, right? They don't play the game.

She is hopeful for both the survivor and the perpetrator she counsels. She explains how she would communicate with a survivor:

> I constantly make the distinction between surviving and being a survivor - surviving is that person in the middle of the ocean treading water, it's bloody tiring and I don't have much hope that they are going to have a good life out there. My belief is that a hopeful person swims; you may have to rest along the way, but you swim to that shoreline. And I'll be in the water with you; I'm not going to carry you because you'll drown me but I'll swim with you and you'll hit shore. There you can sunbathe!

She then explains how she would interact with a perpetrator:

> If a perpetrator is not being accountable or not acknowledging they've done it, the dialogue is simple and short. When you want to work on what you've done and stop your behavior, you need to contact me. For other perpetrators like my young people who perpetrate and are victims, the dialogue is the same. It's a yucky thing - you're accountable for it. We make mistakes. We're human.

Tammie recalls a story of hope with a client of sexual abuse. A woman came into her office depressed, addicted to prescription drugs, and about to lose her family and her marriage. She was sexually abused as a child by her uncle, who subsequently killed himself. Tammie was her 10th therapist and it was clear that the only reason she was there was because her husband had threatened to leave her and take her children. Tammie said "her pilot light was almost out". With three months of intense therapy, the woman had stopped her drug abuse, had worked through her sexual abuse issues, and was feeling very hopeful. Tammie explains that her pilot light is shining so brightly now that she spends her time going into high schools to talk to teens about sexual abuse and to tell her story.

Tammie herself has not lived a lot of adversity in her life. Her family jokes that her ability to be an effective therapist must come from having had an awful past life. Tammie believes that you do not have to have adversity to understand hope. She believes her creator has given her the ability to feel a full spectrum of human suffering and human joy. Tammie sees her work with clients of sexual abuse continuing, even when she tackles the difficult cases. She remains hopeful for this population.

I was interested in knowing what color she relates to hope. She sees the color of hope as white and yellow blending together. It reminds her of a new beginning, a new day and of the Creator.

Martha's Story

Martha came to my office to tell me her understanding of hope in her personal and professional life. She was extremely enthusiastic and was one of the first to call back and agree to being part of my research. She describes herself as a family doctor, a practitioner who works with clients of sexual abuse, a wife and a mom, not necessarily in that order.

Martha states that her childhood was not hopeful and that neither parent could be seen as particularly hopeful. Socializing with friends and family was not a part of her family's life. She came from a large family with six children and her parents were poor and uneducated. Their philosophy was "you grow up, work hard and then you die". Martha's physically, emotionally and sexually abusive upbringing was a springboard that motivated her to be hopeful and move forward. She explains:

> Really, my parents never encouraged any of us kids to get out there and do something great. Everything was minimized and successes were minimized. Doing well at something was . . .you weren't congratulated on anything that you ever did well at. You were slapped around the head if you didn't do well at something; there were no rewards for doing well. The only way that helped me grow up was that I didn't believe there couldn't be something better. I think that's what drove me to do well in school and to get an education.

She decided in Grade 11 that she wanted a better, more hopeful life than what her parents had. There was no person or book that influenced her decision. It was a thought.

She explains that her hope came from adversity. She just recently read "Angela's Ashes" and really had conflicted feelings around the book. It spoke to her of the resiliency of the human spirit. She felt the main character's hopefulness was linked to knowing that even though his mom was not a great mom, he knew she loved him. Martha knows her mom is proud of her. Although her mom has never told her, she hears it through her siblings.

She believes that her first experience of her hope came from an early marriage at 19 to an abusive alcoholic whom she left at 21. She was living in a hole in the wall and slept on the couch. She knew she was going to be okay. It was from living through that experience that she felt hope. She did not call it hope at the time, but now sees it quite clearly as a hopeful situation. Through this whole period she was going to medical school and doing okay. She explains that she was surviving and was forced to live one moment at a time and just do what she needed to do to survive and get through. Her hope was in the doing and the surviving of each day. For years after, she struggled with planning for the future, even in planning a simple, joyful activity like a family holiday. She realized just recently that she is starting to live more than one day at a time now.

As a mom and a survivor, Martha tells her kids that they are going to be okay no matter what happens. They can feel hope and joy in the world around them. As a family doctor, she delivers a similar message. She tells her clients of sexual abuse that they have survived, that they can trust themselves and the world and what happened to them was not their fault. During the interview, she was surprised at how similar the personal and professional messages sounded. Martha works with the victims of sexual abuse and her job is to examine them physically. She explains:

> I make jokes about horrible things that are so horrible sometimes you just have to laugh at them. Then, I feel like I moved her in the direction of hope, of developing hope, of developing a better outlook on life.

Martha explains her understandings of giving hope as:

> Giving hope would be doing an examination and saying 'everything is fine with you; you do not have to worry about anything affecting you physically down the road.'

She goes onto explain that you would have difficulty influencing another's hope if you did not have it yourself "because you couldn't say those things convincingly enough and be lying about them."

Martha reports on how she interacts with her clients of sexual abuse. She says she needs to make her clients feel safe and she does that by being explicit about what she is going to do to them physically and helping them understand that at any time they can stop the process. She explains how she tells one of her adult clients that she needs to pull out her pubic hair:

'You're not going to believe what I am going to tell you what I am going to do; you've been through a terrible thing, you have been through hell and back, and you have come to the doctor for help and guess what she wants to do? She wants to pull out all your pubic hair! Now isn't that the stupidest thing?'

Martha believes that she can influence people's hope personally and professionally. Although her professional "little piece of the puzzle" is being able to tell clients that they will be physically okay and that is usually the case, she does have hope that they will be hooked up with a knowledgeable professional that will guide them along the path to wellness. "I want to be remembered as a good physician, a good parent and a good friend. I want to be remembered as doing positive things for people". She worries that she has not been as attentive as she wants to be in some relationships and is cognizant that she needs to work to develop meaningful relationships. She is currently working on building new relationships with some of the people in her life, people she sees as positive and hopeful.

Martha has challenging work examining all ages of female survivors of sexual abuse. She usually sees them shortly after the trauma in their lives, so she sees her work as particularly sensitive and hopeful. She can often give them the first good news for the healing process, "You are going to be physically okay!"

I was interested in knowing what color she sees as hopeful. Her response was fuchsia and turquoise, the color of the flowers in her garden.

Chapter 5

Findings

> If the non-measurable and subjective elements of experiences
> that are felt and talked about by the participant are ignored and invalidated,
> the person is made into an object for investigation through the conduct of the study.
> (Hall, 1990, p.184)

During the process of data analysis, themes and clusters naturally evolved from the data. An initial list of codes was developed to help organize the information and to ensure the practitioners' unique understandings of hope were brought to light. In the process, it became clear that some of the literature on hope could be used as a guide to provide a meaningful way to not only code but also cluster participants' understandings of hope. The analysis and interpretation of the data began at this point.

The list of codes merged and collapsed during the analysis, and in the final analysis, 26 groups of codes were established (Appendix H). The connections between the coded groups became clearer and more apparent as the process evolved. As an example of the evolving process, one coded group that was initially established to help identify meaningful units of information was "Origins of Adversity" (OAd). Cards containing data on how the practitioners understood adversity in their formative years were grouped together. When all the coding was completed, all the categories were compared and it became clear that information identified as "Origins of Adversity" (OAd) was very similar to information in the group "Safety" (OS), which described how the practitioner remained hopeful in times of adversity in their formative years. The category of "Origins of Adversity" (OAd) was then collapsed and merged into the "Safety" (OS) group.

With the coding completed, analysis and interpretation of the data began. Although the following presentation of the findings divides the understandings into distinct categories for ease of reporting, the connections between the categories often run parallel to each other and may seem to overlap at times. For example, a practitioner's belief about hope that was inspired from their origins, such as understanding that hope is the ability to look forward, could also be placed in the category that is viewed as a future experience for them personally. Tables have been provided to help discern the connections more easily. Tesch (1990) supports this notion and states that the idea of categorization in qualitative research becomes more comfortable when we can think of it as stretchable and soft. This may be particularly applicable in hope research, as Farren, Herth & Popovich (1995) believe that the experience of hope is often generalizable across the life span. Jevne (1990) furthers that notion by pointing out that "hope is always set in the context of time" (p.123). She explains that hope draws on the past, is experienced in the present and is always moving towards the future.

With these understandings in mind, the discussion of the findings begins with general statements of the practitioners' understandings of hope. It then proceeds into understanding: the origins of the practitioners' hope or how they gleaned hope; the relationship of hope to other concepts; their experiences of hope both personally and professionally; and finally, how they influence hope in others both personally and professionally. It is within this framework that the understandings of hope in practitioners who work with clients of sexual abuse were explored.

Statements of Practitioner's Understanding of Hope

The understandings of hope in these general statements honor both the uniqueness and the commonalties of the practitioners who work with clients of sexual abuse. Whether commenting about their personal or professional understandings of hope, most of the practitioners report experiencing hope in the present, yet link it to the past and to the future.

Tammie explains:

> Hope is the ability for human beings to do better. That's how I see it. No matter where we are at, no matter what level, to do a little better and be kinder and to get better - whatever we're at. Just aspire for a little bit more. Hope to me implies forward movement.

Rob states:

> I think for me the idea of hope is kind of light at the end of the tunnel in lots of ways. It's the kind of that thing that, for me at least, always keeps me moving forward because it's that piece that I never give up on. It's something unidentifiable or you really can't put it into words. It's not tangible. It's the idea of always aspiring to something more, something greater, something better.

Lori explains:

> Hope is something that is an encouragement. Hope is something that is alive and it's vibrant. Hope is not something that 'well, I hope today' and I don't hope tomorrow. Hope is constant. Hope is not something that I lose out on because I am having a bad day. Hope is always there - it's alive, it speaks to me.

Barrie states:

> I think it's a fairly relative thing and a fairly nebulous thing; relative in the sense that my degree of hope is certainly going to be different than someone's else's. I've always been an optimist and I believe that hope is tied to optimism. The idea that things, life in general, will get better if you just keep working, keep your head down, keep focused on the small things so the big things will look after themselves.

Martha explains:

> Hope is like feeling like you're doing the best you can and that the future is going to be okay. It's not necessarily going to be great or perfect or wonderful but it's going to be okay and what I've done today is going to help make it okay.

Carrie explains:

> Hope goes hand in hand for me with dedication, relationships, trust . . . .in my personal relationships, hope is based on trust and the strong common bond you share with someone else. Hope isn't entirely anonymous but it can be at times. For me personally on a everyday scale it's more about who I am, who I work with, who I interact with and how I feel about these people.

All the practitioners articulated unique and rich description of what hope means to them. These general statements are a piece of the bigger story that will unfold in the chapter. They are statements from practitioners who work with clients of sexual abuse, who share openly about the hope in themselves and how that manifests in clients that they serve.

Origins of the Practitioners' Hope

Given the diversity of the descriptions it became important to look deeper. In order to do that, I explored their understanding into the origins of their hope or how they gleaned hope in their formative years. As stated previously, the construct of hope is time-referenced and, in order for the practitioners to talk about the present, they sometimes refer to the past or the future. These are the stretchable and soft boundaries that Tesch (1990) believes are necessary in qualitative research. This wisdom seems pertinent in hope research as soft boundaries enable the researcher to capture the meaningful and rich descriptive time-referenced pieces of data without having to force the understandings of the practitioners into certain categories. Through the analysis, the understandings easily sorted into categories. As a result, the next section draws mainly on the origins of the practitioners' hope but when utilizing the stretchable boundaries construct, it allows mention of the present and future as well.

People in general can glean hope from a variety of sources. For the practitioners in this study, the hope sources most identified included models, environments, events, and symbols. Analysis of this meaningful information about practitioner's origins of hope helped provide a rich foundation in which to view their experiences and influences of hope, both personally and professionally, later on in the chapter.

Models of hope.

Models of hope are people who the participants found to be particularly hopeful for them in their formative years. Most people have someone, either a real person, a storybook character or a television personality, that has attributes that they admire. By having a hope model, people can take on their model's attributes when their own hope or strength fails. Most of the practitioners named parents as their models of hope, however one practitioner did not identify anyone as being a model of hope for her. Those who did had little difficulty identifying the person or persons and then describing in rich detail why those people were a model of hope for them in their formative years.

Four participants named their fathers as a major source of their hope. Rob reported that his father is innately hopeful about everything. He stated that his dad always believed that, as bad as things seem, there is always something to celebrate everyday, large or small. Carrie believes that her father's teaching of never taking anything for granted after the death of her brother created a hope inside her. Barrie explained, "My dad was able to instill in me quite young that, no matter how many negative little particles there are within my day, overall the day was still good." For Tammie, the modeling not only came from her father but her huge extended family as well. She feels the hope was expressed in the form of encouragement from early on in her life.

Although one might assume that adversity would create hopelessness, Lori expressed that it was her blind and abused mom that was the "steadying force" that modeled hope for her. Although her mom had 13 children to care for and lived in the backwoods of Ontario in a one-room dirt floor shack, she would often sing songs of hope to Lori as a little girl. Lori stated:

> She would tell me, as a little girl, just because you have nothing, doesn't mean you are nothing. She would also sing a song to me when I was growing up and it was actually in a movie a while back: O Brother Where Art Thou. 'You are my sunshine, my only sunshine. You make me happy when skies are gray'.

Martha explains that she did not grow up in a particularly hopeful environment and that neither parent could have been seen as hopeful. When asked if she had other models of hope in her life, she said "no". Even when asked in the second interview how she might explain where her hope originated, she expressed that she was not sure. In may have been in her pursuit of a more hopeful life. Other early models of hope that the participants mentioned briefly were aunts, uncles, grandparents, teachers, and friends.

Environments of hope.

Each participant reported that they had places, spaces or spots that brought about feelings of hope for them when they were young. Some mentioned one; some mentioned many. The wonderful thing about hope is that it is all over the place. For Barrie, Tammie, Carrie, Lori, and Rob, nature is a place they frequented to feel hopeful. The color, the splendor, the memories, the scents, and smells can be inspiring and hope-filled. Barrie reported that as soon as he entered the gates to Jasper National Park and saw the mountains, there was an overwhelming sense of hope that overcame him and went beyond description. He stated that it was a place that his family frequented as a child and, by returning now, it reminded him of his recently deceased dad who was his model of hope. Tammie explained that early in her career she used to spend her lunch hour in the "bush" to get out of the city and feel hope. As a kid, she remembered her dad sitting under trees praying and decided then that, if it was good for him, it had to be good for her. Carrie stated that she found hope in gazing at the sky. She had done this her whole live and is today a self-proclaimed sky gazer. She also found anywhere on her family's farm hopeful as it brings back memories of her hopeful childhood. Lori reported that she has captured the feelings of hope in walks as she grew up in the backwoods of Ontario and being outside was her playground. Rob enjoyed the outdoors and he grew up on baseball diamonds with his dad as a coach. Today, by choosing to participate in triathlons, he is constantly training and participating in natural settings. Martha has a "thinking chair" in her livingroom that she frequents if she is working on a project or something work-related like a chart review of different problems during childbirth. She reported that she likes to be there because she feels hopeful in her "happy spot" just the same way she felt on the couch in the "hole in the wall apartment" she lived in as a young student. Several participants expressed that they can feel hopeful in most environments including offices, grocery stores and "just about anywhere".

Events of hope.

Events of hope were activities that the participants found particularly hopeful in their formative years. Several of the participants expressed that many hopeful events were not "significantly life-altering" kinds of situations but rather simple, everyday things. Carrie reported that weeding in her family's garden or jumping in a haystack could instill a feeling of hope in her. Tammie explained that having her parents attend a swim meet created hope for her. Martha remembered her decision in Grade 11 to start to make honor grades so she could go on for further education, possibly in medicine as extremely hopeful. Rob talked about playing baseball in his home town with his dad as coach as hopeful and Barrie reported that going camping instilled a sense of hope in him.

Symbols of hope.

Symbols of hope are objects and/or behaviors that the participants found particularly hopeful in their formative years. Lori explained that she had few toys as a child, but getting two secondhand naked little dolls at the age of 10 was a day of great hope for her. For her, they symbolized abundance as she knew her friends at school had dolls. Interestingly enough, she reported not knowing how to interact with them because all she knew was slingshots, bows, and arrows. She also recalled an old hymn that states, "My hope is built on nothing less than Jesus' love and righteousness" and sang it spontaneously into the audiotape. Carrie explained that seeing her dad's homemade knives gave her hope as she viewed them as protection and reveled in his talent to do just about anything he wanted to. Barrie remembered getting his first green bike as being a hopeful experience as a kid. The bike symbolized independence and freedom. Tammy remembered her large family gatherings as hopeful because they symbolized warmth and strength to her. Rob recalled the gentle touch of his father as a symbol of love and hope for him.

From fathers to families, and bikes to touches, origins of hope for these practitioners vary greatly. They can be seen as diverse and unique. The sources of their hope may manifest differently but, they tend to have many commonalties whether a model, an environment, an event or symbol. Although most had a model of hope, one practitioner clearly did not report having any. Each one expressed environments, events and symbols of hope that were apparent in their formative years and could be seen as hopeful. These personal findings are of interest, as they help us understand some of the meaningful origins of hope in these practitioners who work with clients of sexual abuse.

Concepts Associated With Hope

Hope may be seen as similar to wishing and optimism, and some of the literature uses these terms synonymously or interchangeably. Hoping, wishing, and optimism are not mutually exclusive concepts; they do have differences that exist between them. At times the practitioners carefully considered their understandings in this area; it was clear that this might have been the first time in their lives that someone had asked them to discern hope from associated concepts like wishing or optimism. Most of the practitioners explained their understandings of wishing and optimism in relation to hope. All of them also explored their understandings of the connection between adversity and hope.

Wishing and hoping.

Most of the practitioners had an opinion on the how they view wishing in relationship to hoping. Barrie stated that he thinks that wishing is more fantasy-based, and hope is more of a lifestyle. He went on to say that "hope for me is more of a cornerstone of who I am, whereas wishing is more of a childlike mindset." Martha agrees with Barrie and stated that "wishing is kind of like a fantasy" and hope is real. She reported that she used to use them synonymously, but no longer. Rob explained that wishing is not a word that really fit with hope for him. Wishing to him "feels like an empty hope kind of thing". Lori stated that "wishing doesn't get you anything, but if you do something to get hope, you're creating something, you're making it alive."

Optimism and hoping.

All of the practitioners commented on their views of optimism in relation to hoping. Lori stated that "hope is abiding and optimism will fail." She explained "hope is abiding all the time. Hope is alive, it creates something. Optimism, you can have optimism today and no optimism tomorrow, but hope abides." Carrie reported optimism is a degree, not a degree of hope. She added that she thinks that hope is the umbrella or the bigger picture - optimism may be the outlook that you look towards it from. Rob described optimism as a "double-edged sword"; we're optimistic that something will work out, but if it doesn't, so be it. Martha reported that hope and optimism are similar, while Barrie thought that hope and optimism are linked: he needs to be somewhat optimistic in order to have a full appreciation of what hope is and where it can take him. Tammie stated that hopeful people live it, and "lots of people can put a positive spin on something but they don't necessarily believe it." She reported that hopeful people tend to take action.

Adversity and hoping.

All the practitioners in this study explained their understandings of adversity and hope. Some discussed adversity in the context of surviving emotionally. Barrie stated that he can see a "nexus between adversity and hope". He reported that people who have been through adversity have weathered the storm to some extent and have realized that there is life on the other side of tragic events. Rob explained that adversity and hope are linked for him and it is in adverse situations that people need hope the most. He reported that, both personally and professionally, he had seen so much hope flow out of difficult situations. He believed it would be easy to become hopeless professionally when trying to support clients of sexual abuse in dealing with all the adverse situations in their lives. Lori commented on surviving and hope. She reported that she was raised in adversity so she understood it on many levels. She reported that a survivor of adversity is a person who is "going to live from this experience to the next experience." Carrie articulated that, having experienced the death of a sibling at age four she believed hope can flow from adversity, and that one can still move forward in life after a devastating event. Martha reported that she learned early that "any adversity that does not kill you will make you stronger" and possibly more hopeful. Tammie, although not having reported any significant adversity in her life, said her family feels she is an effective therapist because she had lots of adversity in a past life. She laughed when she reported this and stated that she believed her ability to deal with adversity in a hopeful way is based on her knowing that nothing overwhelms her. This includes working with clients of sexual abuse that have experienced much adversity in their lives.

Discerning hope from wishing and optimism was at times not easy for all the practitioners. Some of them needed to contemplate their answers carefully before they articulated their understandings. It is evident that most of the practitioners had experienced some forms of adversity in their lives and, therefore had a personal point of reference to speak from. Not all practitioners however, had experienced adversity in their lives, yet still felt that they could be helpful and hopeful with their clients of sexual abuse.

Experiences in Hope Both Personally and Professionally

Experiences of hope permeate all dimensions of a person's life and can be viewed as complex and multidimensional. Furthermore, each of us experiences hope differently. In analyzing the six practitioners' experiences of hope both personally and professionally, themes or clusters evolved naturally into partially parallel categorization, that overlap at times. This section of the analysis can be seen visually:

Table 2. Experiences of Hope

Personal Experiences	Combination of both ◄——►	Professional Experiences
Motivation		Motivation
Future Outcomes Doing, Thinking, Feeling		Future Outcomes Doing, Thinking, Feeling
Hoping on one's own personally		Paradoxes in Hoping
Physical Sensations of Hope	Multiple Modalities	
Personal Beliefs	Hopeful Humor	

The experiences of hope the practitioners reported personally and professionally are analyzed separately. The analysis started with their personal experiences as shown in the table above, then moved into their professional experiences, ending with a section on humor and multiple modalities that includes both their personal and professional experiences.

Personal experiences of hope.

What personally motivates the practitioner to be hopeful?

All six participants, when asked the question stated above, described a wide range of experiences that explain what motivates them to hope in their personal lives. Martha's abusive upbringing was a springboard that motivated her to be hopeful and move forward. She explained:

> Really, my parents never encouraged any of us kids to get out there and do something great. Everything was minimized and successes were minimized. Doing well at something was...you weren't congratulated on anything that you ever did well at. You were slapped around the head if you didn't do well at something; there were no rewards for doing well. The only way that helped me be hopeful was that I didn't believe there couldn't be something better. I think that's what drove me to do well in school and to get an education.

For Tammie, it was a professional experience that motivated her personally to move on early in her career. She recalled discussions with a several co-workers:

> 'You can't make a living in a private practice, you better get a job somewhere else' – well, they were all applying for jobs, and you know as crazy as it sounds, they inspired my hope because I thought, if that's how you people look at the world, you will never have a good thing come to you and it propelled me forward, it was like my propeller.

Personal motivation for Barrie came from just taking pleasure in the simple things in life like a good cup of coffee. He stated that "it doesn't take much to float my boat." He expressed he never lacked a degree of forward thinking about the future. When his friends and family get down, he just reminds them that "hope is always going to be what gets us through." Rob has a similar point of view:

> That no matter how bad the situation, no matter how bad the experience that you're having, that good things can draw out of that; that's where hope lies and that's kind of where I see it as metaphorically, the light at the end of the tunnel.

Rob had just done poorly in a triathlon the day of the interview and he went on to explain more about where his personal motivation for hope comes from:

> When you are having the best day of your life, it's easy to come across the finish line; when you are having the worst day, that's the challenge, and today I did that challenge. I think that's where my hope lies, in those kinds of things . . . the hard times, not necessarily the easy times. I think if I use a triathlon as a metaphor for my life, you know, this was one of the hardest times of my life so to speak, but I did not give up on it.

Lori reported that her personal motivation comes from a variety of places and that, when things get tough, she uses God and common sense; she too can see hope at the end of the road. She recalled one of her conversations with her doctor when she was very ill:

> I'm not giving up; and I'm not going to totally accept everything you say to me. I'm going to keep on taking the drugs, but I'm not going to keep on hearing everything that you say to me. I have to get some hope in myself and get something in myself that I can fight this thing.

Carrie stated her personal motivation as always hoping that people were happy, safe, and O.K. Happiness became her personal motivator after the death of her brother when she was 4 years of age. She richly described that time in her life as "a period when people weren't happy and it was huge, it was the most impactful thing in my young life". She explained that having a relationship with herself, knowing herself, was also personally motivating and a hopeful experience for her.

A wide range of experiences were described when practitioners were asked what personally motivates one to be hopeful. They collectively explained how people, places, and thoughts could help motivate them to move to a more hopeful place or be hopeful.

Personal Future Outcomes

Practitioners expressed their personal experiences of hope in multidimensional, dynamic ways, emphasizing the expectation of achieving a good future outcome for themselves personally. I used the findings of three hope researchers to help provide me with a framework to guide me through this section of analysis. Stotland (1969) developed a theory characterized by action-oriented concepts of expectation, and goal attainment. Dufault and Martocchio (1985) emphasized that hope is a mixture of many thoughts, feelings and actions that are multidimensional and process oriented. In addition, Farran, Herth, and Popovich (1995) defined hope as "An essential experience of human condition. It functions as a way of feeling, a away of thinking, a way of behaving, and a way [of] relating to oneself and one's world" (p.6). With these perspectives, I categorized the personal (and professional, as discussed later in this chapter) future outcome experiences of all the practitioners' understandings in three ways: 1) their actions (doing); 2) their thoughts (thinking); and 3) their emotions (feelings).

Doing

Tammie described her understanding of hope as the ability of a human being *to do* better, usually expressed in their words and actions. Hope to her implies forward movement. She described it:

> It would have a future content to it; it wouldn't be just the here and now. There would be a tomorrow, there would be a moving forward, things will get better or things are really great but what can I *do* to keep it going? So it would have a progression to it, not just a here and now or yesterday.

Barrie concured with Tammie, and stated that his understanding of hope comes from the idea that, "life generally will get better if you just keep working, keep your head down, keep focused on the *doing* small things, so the big things will look after themselves". He stated that he looks forward to hopeful events that are yet to come that will bring him some joy and peace. Carrie described her hope as not taking anything for granted. She explained, "There is always something to work towards, something to dream about, and something to *do*." Rob stated that hope for him is a confidence and a belief that there is always light, that things will get better, and not forgetting to celebrate the small things. There is a hope for him that he can "always *do* something differently, *do* something better and he has a passion about *doing* that." Martha explained that her hope lies in her ability to look into the future and look forward to things down the road while getting through each day. She said, "It wasn't so much a feeling; it was just mainly thinking this is my plan for today and I could *do* that." Lori believed that:

> You can't have hope without action. I don't think you can because hope *does* something for you. Hope is alive. Hope is rejuvenating. Hope is vibrant. It is a

project in motion all the time. You are going to get to a place down the road you can look forward to, that gives you hope.

Thinking

The participants not only had understandings about "doing" hope to create a personal future outcome; they also had thoughts about hope. Martha reported that when she made the hopeful decision to go to medical school "it was a *thought*; it was all internal. Like I *think* I can do this, and I didn't know any doctors, never went to doctors." She also expressed that her hope is in thinking "I'm O.K. right now, and I'm going to be O.K. tomorrow." Barrie explained that he *thinks* that [hope] for him is based in the future only because of what is happening in the present. Presently, he is enjoying the "quirkiness" that his life has to offer right now and knows it will not be much different in the future. He stated that when he *thinks* of hope, it is future oriented. Tammie states that her hope is rooted in the *thoughts* of just turning her life over to God to get strength, guidance and trust. Lori believes that if you have hope in your mind, you can heal your body. When she was very sick, *hopeful thoughts* were the only thing she could have as her physical body had difficulty moving. Carrie said her first experiences with *hopeful thoughts* were around the time of her brothers' death when she was 4. Her family had hope that people wouldn't die young and leave. She is unclear about where those thoughts came from: "Maybe I was born with them and I just grew into them, I don't know."

Feeling

Several of the participants had feeling experiences around personal future outcomes for hope. Carrie explained, "For me personally, on a everyday scale, it's more about who I am, who I work with, who I interact with and how I *feel* about these people". Barrie explained that when it comes to understanding hope, "I would probably gravitate more towards just a *feeling*, just an internal *feeling* that embodies hope and kind of a hopeful perspective on the future." For Martha, hope comes when you *feel* that in order to be a useful person to yourself and to your family, you have to have hope because if you don't, then it is "malignant."

Hoping on One's Own Personally

All the participants had varying understandings about whether one could hope on their own or not. Rob believed that you can hope on your own however he felt that it is easier when hope is shared by one, two, three, or five people. He stated that "the experience of sharing hope in different ways builds your own hope". Tammie stated that she does not believe you can and explains that she believes her hope involves other people because of her connection to them. She believed that hope is "we oriented". Barrie expressed several times that he did not know if one could hope on their own. He explained that he had such a strong element of hope instilled in him from his father that he had no personal frame of reference for hoping on his own. For Martha hoping on her own has not happened since the birth of her children however she thinks one can. For Carrie there is no doubt in her mind that one can hope on their own. She called it "self-hope" and feels that understanding herself plays a big part in her hope. Lori believes that you can hope on your own for the short term but connection to others, especially God, is necessary for long-term hope.

Physical Sensations of Hope

All the participants expressed physical sensations that they experience when hoping. These were very contrary to each other at times. Tammie said, "It is little butterfly things that are nice feelings." Carrie explained that hoping brings up good, pleasant feelings for her. It feels like when your heart swells, you feel a little lighter and your step would seem quicker, and you would have a sparkle in your eye. Conversely, Barrie described his hope as a calming process when your heart rate slows and a smile will come to your face; generally relaxing a little bit more. Martha too felt it is just kind of a warm, content internal feeling. For Rob, he gets animated, his hands move more, he leans forward and sits on the edge of his chair. He also believed that everybody's hope looks and feels differently. He described his dad's hoping behavior as a quite the opposite to his own. He explained his dad's hoping as "gentle calmness with absolute desire behind it." Lori believed that we experience hope in our bodies and when she is hoping, she feels a wellness that makes her feel alive.

Personal Beliefs of Hope

Several of the participants saw beliefs as real and meaningful in their understanding of personal hope for themselves.

Barrie stated that for him it is to appreciate that life is full of peaks and valleys and that, every time he entered a valley, he was going to come up again and experience a peak. He explained, "For me, hope is hardwired in; it can't be affected by external stimuli." This knowing always left him feeling hopeful. Lori explained:

> Agreeing with God, that creates the power for your body to live on. So hope rejuvenates you and generates you, there's something that comes into agreement, your body comes into agreement, your spirit comes into agreement, your soul comes into agreement and when that happens, hope happens in you.

For Tammie, it is more "lodged in a spiritual thing, it's a connection to others, to God."

All the practitioners had insightful personal experiences of hope to share through their stories. Through the combined expression of all these experiences, it is evident that all the practitioners have keen understanding into their personal motivations to hope. In addition, each believed that hope is an essential experience of being human expressed through actions, thoughts and feelings. They reported having varying ideas about hoping on ones own and the physical sensations of hoping. A few believed that you could hope on your own; one stated that you could do so temporarily; one said definitely not, and one did not know. Physical sensations ranged from moving more quickly to slowing down completely, and from a sparkle in ones eye to becoming extremely animated. The personal experiences that the practitioners shared can be complimented and enhanced by their professional experiences.

Professional experiences of hope.

Findings regarding the practitioners' professional experiences of hope are equally important as the findings regarding how they personally experience hope. The same framework used to explore personal experiences of hope is used to report the findings of the professional experiences, especially in the categories of motivation and having the expectation of a good and hopeful future outcomes for their clients and themselves in adversity. I again begin by reporting the motivation of the practitioners.

What professionally motivates the practitioner to be hopeful?

All six participants described experiences that explain what motivates them to hope or maintain hope in their professional lives while working primarily with clients of sexual abuse.

As a detective, Barrie was able to describe in detail how he maintained his hope while working with clients of sexual abuse. After telling three stories, one involving a homosexual pedophile, one involving a teenage female survivor of sexual abuse, and one about the autopsy of a three-year-old, he stated that his hope was easily maintained through these experiences. He explained that the nature of the work didn't impact him greatly:

> The hope I have is hardwired in; it can't be affected by external stimuli like that. For me, it's an awful thing that has happened and it's terrible, but if I allow myself to be too ingrained - and it's like a surgeon rearing back at the sight of blood - it does no one any good.

Carrie's work as a youth and family counselor with adolescent perpetrators of sexual abuse came about through a variety of professional experiences. She told the story about, while being a student in a practicum program, she was assigned to a native addictions program. She remembered not feeling that excited about the placement. She explained that she was, "just doing things to go through the motions to get somewhere, some degree". On one of the first days, she was initiated into the program with a "smudge". Afterwards, she had an experience with an elder that changed her life. After a holding hands exchange, the elder told her she had a gift, a very strange gift for a white woman. She had the gift of healing hands, and the power to heal children. Carrie explained:

> There was my hope - that was my professional start, and it just went on from there. So that's where it started - that day, things were different from that day on. I knew I could do it, I knew it was in me. I physically felt it, and I emotionally felt it, and now I knew.

For Tammie, her professional motivation for hope comes from the experiences she has everyday in her office. As Tammie works with both perpetrators and survivors, she finds that many people ask her how she does the work she does with clients of sexual abuse. She explained working with a survivor:

> I just look at it like, they come in, I help a child and they feel like someone in the world listens to them and trusts, that they trust and that they're happy with. So if I can help one that's great. That's what I was meant to be here for, that's what I do.

She went on to explain that, even after clients stop their therapy with her, she knows she has planted a little seed that says, "You know you can do this; you may not be able to do it right now, but that's okay". Tammie stated, "That's what keeps me going."

Rob has some similar sentiments about his professional motivation for working with clients of sexual abuse. He explained that his experiences working with adolescent sex offenders have changed his understanding of the world and his way of dealing with situations and people. His innate belief that humans are good has become stronger:

> I think working with the population of kids who I work with, I see that more. For some people they would see it less. They think, 'well, you work with kids who have committed these offenses' but I see the opposite. I see good in these kids more than I would have ever thought - what I may have normally looked at as bad becomes the biggest piece of hope for me. Things that other people would think – 'how can that be your source of hope?' becomes what my hope is all about.

For Lori, her professional motivation to support clients of sexual abuse comes from God. He is her motivator and she in turn hopes to motivate clients. She explained, "I get them to look at my hope and what they can have because, if I can't instill something in them of what I've got, then I'm not a really good counselor." She also suggested that her motivation is inspired from the teachings of the Bible. She said, "It says in the Bible faith, hope and love. You can't have one without the other. So, when you have faith, hope and love, you've got something you can work with. It dove-tails together." Martha explained that her professional motivations for hope come from knowing that when she carries out her "tiny piece in the big puzzle," of supporting a survivor, she does her best. She makes their physical examination positive and hopeful, so they feel like they have a sense of control over their bodies again and that they are physically going to be okay.

A wide range of experiences were described when practitioners were asked about what professionally motivates them to be hopeful. They each expressed abstract and concrete sources that supports their motivation while working with clients of sexual abuse. These include: a belief that the nature of working with clients of sexual abuse does not affect their hope whatever happens; having a spiritual exchange with an elder while working with youth who are native; noticing everyday happenings while working with both perpetrators and survivors; seeing worthiness in offenders on a daily basis; and utilizing God's love and the Bible to support clients of sexual abuse.

Professional Future Outcomes

Practitioners were able to eloquently express their professional experiences of hope in multidimensional, dynamic ways emphasizing their expectation of achieving a good future outcome for themselves and their clients of sexual abuse knowing that the adversity may continue for some time. I again used the findings of the three hope researchers, Stotland (1969), Farran et al.(1995) and Dufault and Martocchio (1985) to help provide me with a framework in which to guide me through this section of the analysis.

Doing

Tammie reported that she started using words of hope like, “I think I am going to make it,” and started *doing* hopeful things like smiling more often and consciously breathing.

For Rob, as with all the other practitioners, *doing* hopeful things professionally just comes naturally. He described an experience where he decided that a box of unused poker chips were going to represent something meaningful to every adolescent offender in the program. He handed out the chips and said, “I care about you unconditionally.” He wanted his clients to know that it didn’t matter what they said or did, he cared about them. Although at first he thought it might be viewed as corny, he realized quickly the chips became a “talisman” of the fact that someone cared about them unconditionally. His clients started to carry the chips everywhere with them. He explained that the experience provided the clients and him with great hope that the future could look brighter because someone cares.

Carrie also believed that the future looks more hopeful if someone cares. On many days in the treatment center, she puts out invitations to her clients to have a great day and says if anyone needs to call her during the day to talk about concerns or just say, “hi” they were welcome to *do* so. She stated that hope for her and her clients is knowing they cannot change the past but they have the choice to make good decisions and *do* good deeds daily that will help them move forward. She says, “That’s about now and about the future . . . basically you’re moving towards the future.” Lori has similar beliefs. She can feel hope while she walks through malls with her clients of sexual abuse. She explained, "A *doing* hope means I am experiencing it, living it and I'm also seeing the end result, a future."

For Barrie and Martha, their work with the clients of sexual abuse usually involves only limited contact so their "*doing*" hope professionally is expressed in the following manner. When working with perpetrators, Barrie reported that his hope is to build enough rapport with the person to get a confession so, in the future, his victim will not have to get up on the stand and testify in court. Then he hopes that he will be able to find time in his schedule to make it to all the parole hearings to convey exactly what went on so offenders do not get out before their time is served. When Martha works with victims, her hope is being able to tell them they will be okay physically in the future, and that they do not have to worry about that part anymore.

Thinking

All the practitioners described their understandings of how they use thinking as a modality, however, only Rob expressed thinking as a prevalent mode to process hopeful moments in professional situations. He explained:

> I like to reflect upon the journey we came through and that becomes to me what hope is. When you shift from a place of *thinking* 'we are never going to do anything with this kid' to a place of 'look at the work we have done' and realize that's amazing work. I *think* that's what I aspire to do with everyone around me, whether it be personal or whether it be professional.

He also stated that, when the clients leave the program, he'd like to *think* that they're very hopeful and they feel safe to share that hope with other people. He *thinks* that his clients may find it scary to remain hopeful if they return to hopelessness in their families; that the "little glimmer of light" they gleaned may go out. His hope is that "they feel like they're not given up on, and other people have hope for them, and I think that's really impactful for all of them."

Barrie reported that, when dealing with the clients of sexual abuse, he often needs to *think* about putting things into perspective and understanding the "macro-view of life." He explained:

> Just *thinking* about things from a higher level and knowing that we are dealing with a very small segment of society, so it's not representative of a hopeless situation, rather just a piece of the human condition that is a little bit out of whack, shall we say. I am hopeful that's not representative of everyone out there and hopeful that people who are true victims will find some degree of empowerment to get them out of the situation.

Martha explained that, when she was working with a child of sexual abuse, "I would like to *think* that I gave her enough of a nudge that she was going to be able to hope again." Lori reported that she uses *thinking* as a counseling strategy. She often asks her clients of sexual abuse what they are *thinking* and then will share with them her *thinking*. This leads to much more but it is a place from which to start to build a relationship with the client. Carrie shares the same sentiment and states that she *thinks* that, "hope is a part of everyday living."

As a therapist, Tammie stated that her *thinking* manifests as an "incredible belief" that her clients will get better if they keep working at it and something good's going to come out of therapy:

> My deepest belief is that everyone can make it, everyone can do better, whatever their goal is, I don't set goals for them, just whatever it is, they can attain it. They can get there - it's a movement forward and it's progressing and it's growing.

She goes on to describe a clinical experience in which a survivor of sexual abuse came into her office withdrawn and reserved. By the second session she was "bouncing", became animated and "she had a pilot light that was starting to turn up a bit."

Feelings

Some participants expressed feelings around professional experiences of working with clients of sexual abuse. Some of the feelings expressed were positive and some had negative connotations like vocalizing disdain for the system and their client's inappropriate behavior.

Martha expressed her *feelings* about the lack of support a child of sexual abuse may receive in the system:

> Truly deep down inside my guts I'm scared to hell for her because I'm so scared the system is going to let her down. People are going to let her down, people that she is going to try to trust are going to let her down.

Barrie had similar strong feelings about the judicial system when talking about perpetrators of sexual abuse. He explained, "I don't harbor a whole lot of hope that an adult male offender will actually be rehabilitated and can be reintegrated safely into the community." He *feels* that the litmus test for him would be if the judge or the crown or the therapist who believes that they can be integrated back into the community would let them be a nanny for their kids.

Other practitioners' feeling experiences were expressed contrarily. Carrie reported that she *feels* so lucky to be working with clients of sexual abuse in an adolescent residential treatment program, and that through the experiences, she has had the opportunity to "thank them so many times in my heart". The experiences have changed her life and she truly *feels* they were a gift. Rob explained his experiences of hope as "it's almost a *feeling* of jubilation," especially in the field he works in where it is "easy to be bogged down by all the negativity and some of the horrible sad stories you hear." He added that he *feels* it is the hope piece that becomes the fire inside him. Lori reported that *feelings* usually are revealed and expressed by her clients of sexual abuse after she gets them to express how they think and she shares her own *feelings* with them.

Professional Paradoxes in Hoping

All the practitioners described paradoxical situations when telling stories about working with clients of sexual abuse. They reported that paradoxical hoping is hoping that doesn't make sense and is often in conflict with common sense. Martha stated that it is okay to laugh even when horrific things happen to you. Lori concurred and stated that she often uses laughter with her clients to instill some sort of hope in the adversity. Carrie explained that the "best hopeful situations" can happen when her clients are the most confrontational. Rob reported that his hope flourishes when he is most challenged physically and emotionally with his clients of sexual abuse. He explained, "I think hope is the thing that keeps making me stand up every time I fall down." Barrie explained that, when working with perpetrators he has conflicting beliefs, "I can sympathize on one level with the situation they probably encountered as children which may or may not have led to what they're doing today, however, it doesn't change my feelings of disdain for what they are doing now." Tammie reported that she believes that survivors of sexual abuse have the potential to have great hope even in adversity, and that she often finds them "the strongest and most incredibly balanced people she knows."

It is clear that all the practitioners use the three modalities of doing, thinking, and feeling in their professional lives to working hopefully with clients of sexual abuse. They collectively expressed that while working with clients of sexual abuse they: started *doing* conscious activities like using hopeful language and giving out tokens that became talismans that someone cares; were *thinking* about how clients can remain hopeful after leaving the treatment program; were *feeling* outraged by the judicial system that perpetrators and survivors must both endure; and,contrarily, *feeling* jubilation about the work one does with clients of sexual abuse. The practitioners also reported the paradoxes of working with clients of sexual abuse and the conflict it can sometimes create. One example was inviting clients to laugh even when something horrific has happened to them.

Uses of Multiple Modalities of Doing, Thinking, Feeling Experiences

Several of the practitioners reported using combinations of all the modalities concurrently when expressing hope about future outcomes for themselves and their clients of sexual abuse.

As reported above, Lori stated that she builds rapport with clients using doing, thinking, and feeling vocabulary. Carrie explained that her hopeful energy is expressed in feelings, thoughts, and behavior. She explained it in the context of going to the grocery store (doing):

> Just the way I'll have trudged into the grocery store and thought 'shit, I don't want to be here. I don't want to get groceries' and then you'll see something [hopeful] like

> those old people that gives you hope. You walk out and feel good, you look relaxed and you don't feel like 'I don't know why I have to be here'. All of it is connected.

Rob talked about his grieving process over the ending of his marriage. He used several of the modalities concurrently to help himself move on. He explained his thinking at the time, "Hope was the piece that said, but it is not everything, and think of all the other things, and things are going to get better, and things are going to feel better."

Use of Hopeful Humor

I am ending the experience section of the findings with understanding how the practitioners use humor in both their personal and professional lives. Humor is useful in many situations and the practitioners in this study use humor in their lives to enhance hope in their clients of sexual abuse and themselves.

All the participants stated that humor is part of who they are personally and professionally. Martha uses humor in all areas of her life and credits her husband for teaching her how to laugh in a class at medical school. She reported laughing her way through the class and it was the only time she received a nine at university. She reported that she laughs about something everyday and she feels it is okay to make jokes even when something horrible has happened to you:

> I used to do all the sexual assaults that came through the emergency at the hospital, and adult sexual assault. I don't think I've ever done one where the woman didn't laugh once. I feel like I need to show them that you can laugh.

Rob stated that he has the ability to laugh at himself:

> I think in terms of how hope fits in with that; I think in allowing myself to see humor in everything, I also think it allows me to see that hope isn't going to go away, that

> you're going to hit bumps and sometimes you have to kind of laugh those things off. You have to be able to joke about them, to be able to be hopeful about what's around them. For me it's one of the most important parts of having hope, for me is to be able to smile and to laugh and to be able to share.

Barrie said he appreciates humor and even enjoys black humor. In his work with clients of sexual abuse, his humor could be seen as somewhat distasteful to an outsider. He explained that inside the work environment he needs laughter to release the anxiety that can be related to working with clients of sexual abuse. Tammie reported that her whole family are "jokesters" so they use silly, funny statements to communicate constantly. Lori explained, "I find humor to be a hopeful healing agent and, the more I use it, the more I have in-roads into hearts. If I have in-roads into what's happening in their lives, they are freer to share with me. I make people laugh." Carrie stated that she is grateful to be in a relationship where they are happy together, they laugh and that is hope and strength for her.

It is evident that these practitioners feel the challenges and the rewards in their experiences both personally and while working with clients of sexual abuse. It is clear that they think, feel, and take action toward hopeful outcomes for themselves and for those they serve. They were eloquently able to describe the uniqueness and similarities in how the experience of hope permeated their whole lives, and just how complex and multidimensional the study of hope in practitioners who work with clients of sexual abuse can be. Experiences and influences of hope are two areas in which practitioners were able to tell their stories in great depth.

Influences of Hope

It was important to understand how practitioners glean and experience hope both personally and professionally. It is equally important to understand how practitioners influence hope in others both personally and professionally. Influence in this context can simply be described as the ability to affect someone's character, beliefs, or actions.

It is clear in the literature that hope can flow between people, however, for the section on professional influences, I will concentrate mainly on how the practitioner influenced other's hope - particularly clients of sexual abuse. This section can be seen visually in the table below.

Table 3. Influences of Hope

Personal Influences	Professional Influences
Motivation	Motivation
	Giving Hope
	Hope is reciprocal
	Relationships/Connections

To begin, I analyzed the personal influences and motivation for the practitioners. I then proceeded to understanding their professional influences, including what motivates them and how they communicate and connect with their clients of sexual abuse in influential ways.

Personal influences.

Hope can be influenced in all kinds of relationships. Each of the six practitioners responded to the general question about whether they believe they could personally influence other people's hope. It is worth mentioning that, although Martha felt that no one had influenced her hope as a young person, she has ideas of how she might influence other's hope personally. The other practitioners, Barrie, Tammie, Lori, Rob, and Carrie also described in general statements their unique and simple ideas of how they personally influence other's hope:

Barrie stated:

> So I would think that general exposure to someone who is hopeful and positive about things in life and model that kind of outlook, I think that's how it would probably, for me anyway, be transferred over.

Tammie stated:

> [Having] positive people around even in the most devastating of situations, if you have someone positive and can look at 'okay, why is this happening, what are we to learn and how are we to move forward' - I believe that, I absolutely believe that.

Lori stated:

> My positive mother taught me to hope early in my life and to never give up. That's what I give others.

Rob stated:

> I become a role model [of hope], like my father was to me. It's a confidence and it's a belief that there is always that light, that things will get better.

Martha stated:

> If you are positive, people around you will become more positive; if you're negative, people around you will become negative.

Carrie stated:

> Just talking to my parents for five minutes about something as mundane as the weather can bring hope into the conversation.

Carrie went on to explain that "it's the energy I channel into hope" that it then seeps out in the everyday things. Tammie described a situation with her son where she believes it was her hopeful cheerleading that influenced her son's hope after a fallout with his best friends. She believed he would have given up and just seen the friends as "being mean awful kids". "We definitely gave him hope - by giving him different things to try everyday".

It is evident in these general statements that relationships are key in influencing other's hope. The following section describes specifically how the practitioner's influence relationships in their personal lives.

Personal Motivation to Influence Others Hope

What specially motivates a practitioner to be personally hopeful while influencing others? Some of the practitioners shared their understandings about this personal part of their lives. Carrie stated that she influences other's hope by building strong relationships. She said, "I like to connect with people because I've always felt so connected to people in my life: grandparents, parents, and people like that". Martha described herself as a person that needs to feel like they are doing something worthwhile and worthwhile, not only for herself, but also worthwhile for others. She explained, "I like to make my kids laugh. I feel really great when I've made shy kids smile or mischievous kids laugh. That's what I like to do. I like to make people feel good about themselves." When dealing with people and herself, Tammie stated, "You know you can look at it half full or half empty; that's a common saying in our house." She believed that one must move forward in order to experience hope and she is willing to influence them in that direction. Barrie reported that he likes people who are "out to do what's right in the world," and he is motivated to do the same by taking that sentiment wherever he goes.

It is clear that practitioners believe that they can influence hope in others personally through their relationship with them.

Professional influences.

Practitioners describe their professional influences on other's hope: that is, their ability to affect another's character, beliefs, or actions. All the practitioners believe they influence hope in their clients of sexual abuse; however, since their professions are varied, so does their influence. It varies in the way they interact with their clients, in their styles, their motivations, and their communication. For example, Barrie, as a detective, would have very different interactions with his clients of sexual abuse than would Martha, a physician, or Tammie, a therapist. Timewise, their interactions also vary greatly. Barrie and Martha would spend only a few hours in total with their clients of sexual abuse, whereas Tammie and Lori would spend possibly months in therapy with their clients, and Rob and Carrie could have daily interaction for sometimes years at a time with their clients. Carrie, as a youth and family counselor, would be interacting with her clients for an eight-hour shift, whereas Rob, being in an administrative position, might not be interacting with the clients for sometimes weeks at a time.

All practitioners thought that they could influence hope in their clients of sexual abuse in a variety of ways. Lori explained:

> They can ride on my hope a while but, unless they start getting it into them and rooted like a plant, then the roots will always be up in the air and they will always have to keep going back to the therapist or whatever it is.

She went onto explain that she influences her client's hope by being a mentor. She said, "By speaking hope to them, I'm encouraging them that they can be just like I am." Barrie stated that he doesn't think he would actually verbalize hope to a client of sexual abuse who he was dealing with but he explains his influence this way. "I would probably just want them to stay with me and look to me for strength and hope without actually telling them that things will get better." He stated that, just by interacting with him and observing him "they will pick up my internal hope that I have in every aspect of my life." He believed that people learn very well from modeling and "that's a pretty strong way of showing people what there is out there and what to be hopeful about." Rob told the story about how, when he started working with "kids who have committed sexual offenses, I, like a lot of people, was originally taken aback." He stated it is that belief that doesn't allow kids to have hope and these kids have got to have hope - and somebody had to teach him that. He explained that, even though his hope was instilled in him as a child, professionals in the field "taught me there was hope for these kids as who they are." Now, he reported that his influence is communicated meaningfully, "In my position, I teach people how to hope for these kids so that their hope and my hope can build a bigger hope." He stated that, if his staff is hopeful about things, the kids just follow along that same path. Carrie stated "I know I have impacted kids, I know I have taught kids how to hope." She explained that her influences are expressed in her daily interactions with her clients:

> It's the little [things]. It doesn't have to be big. It's the positive noticing 'hey, you did that.' I'm expressing mine indirectly, without directly saying, I'm expressing my hope for them to have a better life.

She told a story about a recent case conference she attended with a client and a team of professionals, including a psychiatrist. After the client had "talked so eloquently about what he had learned" in treatment, the psychiatrist asked the client where he got his hope:

> He [the client] pointed at me; and I was just 'yeahhhhhh' and that was the best feeling. Then the psychiatrist asked him how much hope he got a day and to show him with the width of his fingers. He went like this; the width of a hug. It was just like 'wow,' that is phenomenal, that is just. . . . one of those moments you will never forget.

Tammie reported that she influences hope in her clients of sexual abuse by being their "cheerleader":

> I can't play the game for them, but I can rah, rah them along and say you are doing okay. So primarily, I think the therapist's job contains a bit of that. You cheerlead a bit. You pick them up, brush them off and keep them on the path. So yeah, cheerleading is like helping them find their own strength. I mean that's what cheerleaders are: they encourage football players, right? They don't play the game.

Martha influences hope in her clients of sexual abuse by allowing some humor to filter into the physical examinations even though the clients have been severely traumatized. She explained:

> I make jokes about horrible things that are so horrible sometimes you just have to laugh at them. Then, I feel like I moved her in the direction of hope, of developing hope, of developing a better outlook on life.

Professional Motivation to Work with Clients of Sexual Abuse

What motivates the practitioner to be hopeful when working with clients of sexual abuse? Through exploring the literature and data, it is clear that working with clients of sexual abuse, for a variety of reasons, can be one of the most challenging of professional occupations. If this is the situation, what professionally motivates the practitioner to stay hopeful while working in this field?

Tammie explained:

> Probably why I do sexual abuse therapy - because [to me] nothing's overwhelming, nothing's that devastating, nothing will kill you, unless you allow it to.

She described a client of sexual abuse who went through incredible amounts of emotional turmoil getting the courage to charge her perpetrator then, just before the trial, the perpetrator killed himself. Tammie reported that watching her client continue to heal after all that trauma "gave me great hope in myself and my ability." I thought, "Wow, therapy works and good things happen, good things come out of this so I think it rejuvenated me for many years, many, many years." She reported that it never fails that, when she is feeling unmotivated and having a bad day, she gets one of this client's referrals. Another incident Tammie recalled that could be seen as hopeless, she remembers as being a hopeful moment. She explained that, after watching a perpetrator leave court without being charged, Tammie said, "I [can] take great pride in the fact that I can look inside myself and say [to the alleged perpetrator],'you know you did it; I know what you did and I don't have to live with it, you do.'"

Carrie's professional motivation comes from her belief in her client's ability to change, their success, and "the hope I have for them." She does activities with the clients that promote hope:

> I did a group on hope, in cycle of sexual abuse group we talk about hope. In my supervision of my practicum students, I talk about hope. We've made hope posters,

> hope books, hope bracelets . . .we're beating it to death - but they are getting it and they're living it. Now they are saying to each other, we had a group the other night where one of the boys was making a poor decision and the other one said, 'Well, where's your hope? You have no hope for yourself right now; how can we support you until you have your own?' You just sit back - and now I'm just watching it play out in other staff and their conversations. I'm just sitting back and listening because I brought that to them.

Barrie's motivation comes from incidences in which survivors of sexual abuse find some justice and he has had some influence. He described a case where a young survivor was not believed by her mom but was believed by a variety of professionals, including himself:

> I think all those people came together to give her a degree of hope that there's some goodness out there as well. And it's the karma of life: what goes around comes around, and you just have to maintain who you are and rise above it.

Rob's motivation to maintain his hope while working with clients of sexual abuse comes from his ability to know that he had some influence in their quality of life. He explained, "As hard as that is and sometimes as frustrated as I get, it's always being able to put a smile at the end of it and say 'but look at the little things we did today.'" He added that working with a group of eleven sex offenders can build a lot of hope:

> That glimmer of light becomes a lot bigger with eleven. I don't think I could do this work without that; I don't think, if I honestly believed that that piece was there, whether you call it hope or whether you call it anything else, that glimmer of light, that piece wasn't in what we do, I don't think I could do it. Five years ago I would

> have never probably thought I'd be working with the kids I'm working with now. And now I can't imagine working with any other kids.

Giving Hope

Both Barrie and Tammie expressed doubts about being able to give someone hope. Barrie explained that he thinks that you cannot consciously give someone hope. He believes there are two ways to have hope: one is to have it internally "hardwired in" from your upbringing; the other is finding a model of hope and emulating that behavior. He reported that modeling his own hope may show clients of sexual abuse that there is hope and how to be more hopeful. Tammie agreed with Barrie: "I not so sure you can give hope." She explained her understanding as helping someone work on their hope or find their hope is accomplished by allowing them to recognize the external factors that can help them reconnect to their hope. Conversely, Lori stated that anyone can give you hope and, if one is vacant of hope, one just needs "to start looking around; you don't have to have anything in yourself." Rob agreed with Lori when he stated, "I try to give my hope to other people; really try to make my words theirs." Carrie also believed that you can give hope to others, and Martha explained her understandings of giving hope as:

> Giving hope would be doing an examination and saying 'everything is fine with you; you do not have to worry about anything affecting you physically down the road.'

She goes onto explain that you would have difficulty influencing another's hope if you did not have any yourself "because you couldn't say those things convincingly enough if you were lying about them."

Hope is Reciprocal

All the participants reported that they can influence the hope of their clients of sexual abuse. Some mentioned reciprocity as well. These following excerpts express poignantly the sentiments of two of the practitioners. Rob reported that he strongly believes that hope is reciprocal in nature. In his position, he has witnessed the clients of sexual abuse influencing staff's hope:

> I think a lot of hope that we give them is, like I said, remembering when they did something different or had something different for themselves and I think they give it to us by giving us those gifts of doing something different.

Carrie also believes, "100%" that hope is reciprocal. She explained that while working with clients of sexual abuse "you plant a seed of hope for both of you and that brings it up to a conscious, mindful level and the rest takes care of itself."

Relationships/Connections

All the participants described in rich detail how they influence the relationships and connections they have with their clients of sexual abuse. For some, they do it in their actions, and some in their words or their silence. A common theme that is portrayed in each of their stories involves caring. Each participant expressed the need to connect with their clients and many of the practitioners spoke about the interactions needing to be "real", as well as hopeful.

Rob works with a group of adolescent boys who are in treatment for their sexual offending behaviors. He stated that connection for him with his clients is about, "being real, being vulnerable, about vulnerability." He explained:

> Especially with these kids that we work with, you have to be real. You have to let your guard down in a way, and you have to be able to share your experiences. It means being able to share with somebody in a meaningful way, especially showing the young people how hope affected your life.

He added that does not mean disclosing your life experiences that may put you at risk, but believes you can't "fabricate" hopefulness; it has to come from a place deep within. He reported that he also offers to give his clients a hug after their interactions. Because their fathers have victimized some of the boys, this can be really scary for them:

> A lot of them don't know appropriate touch or non-sexual touch, and I think what I'm trying to give them is showing them at the same time I care about them, that everything's going to be okay, and I care about them unconditionally. Through a hug, or through telling somebody that you care about them, or whatever, that becomes hope to these kids because it's something different.

Carrie reported that her interactions with her clients of sexual abuse are based on respect and listening. She believes that her clients need to feel that the adults in their lives have a "genuine investment." That's where she thinks hope starts - in that relationship or theme. She described two recent situations in which two colleagues disclosed to clients details of who they were personally and how they were dealing with some difficult challenges in their own lives. She was delighted to see how, with those personal disclosures, the relationships between the colleagues and the clients grew deeper, and how her clients responded in mature and meaningful ways. She explained, "I really parent, I really mother, and I work with these kids based on relationships and care and genuinely have good feelings for them." She also explained that she can be stubborn and that her interactions often include the notion of "I am not going to give up on you."

Barrie stated that his interactions with perpetrators of sexual abuse shifts depending on where they are in the disclosure process. At the interview phase he would have a comfortable distance between him and the clients. After establishing that he believed this person did it, his positioning would change in that he would remove any barriers and close the distance between them so he is in their personal space where he can show caring. He explaind:

> As time went by and I gently and positively confronted him with the truth as to what actually happened, I would probably take his hand and hold his hand or else stroke his arm and show him that we need to get to the truth together as a team and that, even if he tells me what I already know, I am not going to abandon him.

He explained that, as the disclosure unfolds and the client begins to see the support of possible counseling and therapy assembling around them, he believes that "hope is starting to lay it's foundation." Another powerful way that Barrie builds relationships with his client of sexual abuse is to tell them real stories about his own life. He retells a story that he actually would use with a client to explain some of his own "out of character behavior":

> Once I was at a house party and the people that were having the party only had one washroom and I really had to go to the bathroom badly so I went downstairs and urinated in their laundry drain in the basement and got caught by the home owner It was embarrassing because they were friends of mine and until this day I'm still embarrassed about it every time I go over for dinner. So it was just something that

> was just completely out of character for myself. I would never do it except for the fact that I had this urge that had to be satisfied now and that was the closest place I could.

Martha reported how she interacts with her clients of sexual abuse. She does that by being explicit about what she is going to do to them physically and helping them understand that at any time they can stop the physical examination. She reports that she wants to make her clients feel physically and emotionally comfortable and safe at all times. However, part of the physical examination includes plucking out pubic hair that can be an extremely uncomfortable procedure. She explained how she tells her clients that she needs to pull out their pubic hair:

> You're not going to believe what I am going to tell you what I am going to do; you been through a terrible thing, you have been through hell and back, and you have come to the doctor for help and guess what she wants to do? She wants to pull all your pubic hair! Now isn't that the stupidest thing!

Martha added that she thinks that the process is "totally asinine," but necessary, and if her client wants her to stop after two pulls, that is okay. She recalls an incident where a survivor of sexual assault, in the middle of the pulling of pubic hair, asked her to check out a mole on a private part of her body:

> We talked about the mole. Then that [is] real again, that's real life so that's normal life. They're asking for something that is back to normal - I can ask the doctor about a mole that I've never done before; I can do that. I can cope with this and I'm safe.

Lori stated that she "builds relationships" with her clients of sexual abuse. She believes that by building "relational hope" in them, they can see something other than what they are living. She often takes them for lunch to chat. As a pastor, she quotes the Bible and reinforces in them in caring ways that they "are fearfully and wonderfully made." She reports that her clients comment on how they think she is "genuinely interested" in them.

Tammie, as a therapist who works with both perpetrators and survivors, explained that her hope for both of the populations is the same: to heal and move forward. She believes that "all survivors whether they be the perpetrator at the time they walk through the doors, are simply victims at the time they walk through the door." She reported that it is her ability to feel a full spectrum of human suffering and human joy and the "human-all-of-it" that allows her to connect meaningfully with her clients of sexual abuse. She told how she communicates with a survivor:

> I constantly make the distinction between surviving and being a survivor - surviving is that person in the middle of the ocean treading water, it's bloody tiring and I don't have much hope that they are going to have a good life out there. My belief is that a hopeful person swims; you may have to rest along the way, but you swim to that shoreline. And I'll be in the water with you; I'm not going to carry you because you'll drown me but I'll swim with you and you'll hit shore. There you can sunbathe!

She then explained how she interacts with a perpetrator:

> If a perpetrator is not being accountable or not acknowledging they've done it, the dialogue is simple and short. When you want to work on what you've done and stop your behavior, you need to contact me. For other perpetrators, like my young people who perpetrate and are victims, the dialogue is the same. It's a yucky thing - you're accountable for it; we make mistakes, we're human.

All the practitioners in this study were able to express eloquently their origins of hope, their personal and professional experiences of hope and their influences of hope while working with clients of sexual abuse. Models of hope were present in most of the practitioners' early lives however, there was one practitioner that who did not appear to have a model of hope as a child, but who found in her pursuit of a better life. In the context of environments, events, and symbols, each stated diverse and unique personal effects. It is interesting how some of their motivations, both personally and professionally, are very similar. It is apparent that these individuals are motivated to experience caring relationships in their lives. All practitioners commented on utilizing hopeful actions, thinking, and feelings, or combinations of the three, in their personal lives and in their work with clients of sexual abuse. The belief that hope is reciprocal was apparent in the responses of the practitioners. In addition, humor, although distasteful at times, is used in their work with clients.

Chapter 6

Understandings and Discussion

The purpose of this study was to explore practitioners' understandings of the origins of their hope, their personal and professional experiences of hope, and how their hope influenced their work with clients of sexual abuse. To accomplish this goal, practitioners were interviewed and asked to explore their understandings of hope. The data gathered through this process was analyzed using a qualitative framework to gain insights into the understandings practitioners have about their hope. Researchers suggest that hope is a necessary component of the healing process with all types of illness and infliction (Beavers & Kaslow, 1981; Bernard, 2000; Dufault & Martocchio, 1985; Edey & Jevne, in press; Ellerby & Bedard, 1999; Erdem, 2000; Farran, Herth & Popovich, 1995; Frank, 1968; Jevne, 1990; Simpson, 2001). To date, however, most of the hope research has been done in the context of nursing and psychology with little reference to sexual abuse. Erdem's (2000) study specifically explored the interplay between hope and sexual abuse, but the understanding of hope in practitioners who work with clients of sexual abuse has not yet been explored.

Sutherland (1993) confirms that research in the area of practitioners' understanding of their own hope is indeed scarce. Furthermore, research done by Jackson et al. (1997) suggests "that a sense of hope is a powerful motivator" (p.70) when practitioners need to experience efficacy while working with clients of sexual abuse. The data analyzed in this research demonstrate that practitioners have rich understandings about their hope, both personally and professionally, and all believe that they can influence hope in their clients of sexual abuse. The following is a discussion of how this research compares with literature in the fields of hope and practitioners of sexual abuse.

Although there was a abundance of information documented in the previous chapter, the discussion section will be narrowed to emphasize the most salient aspects of the findings that have the greatest potential for practical implications. I have chosen to discuss four significant areas: 1) origins of practitioners' hope; 2) concepts associated with hope; 3) practitioners' professional experiences of hope; and, 4) practitioners' ability to influence their client's hope. To further focus the process, I utilized the three major research questions stated in Chapter 1 and divided question 3 into two parts to help delineate the practitioners' professional experiences from their professional influences while working with clients of sexual abuse:

What are the understandings of practitioners' origins of hope?

In order to understand hope in practitioners who work with clients of sexual abuse, I felt it was important to gain some understanding into the origins of their hope or how they gleaned hope in their formative years. The following discussion includes models of hope and a section on concepts associated with hope.

Models of hope.

Most of the practitioners were able to identify an individual (a parent) that was a model of hope for them. One practitioner, however, reported that she had no models of hope growing up, but that an event was her initial source of hope. Snyder (1995) stated that having role models is one way of nurturing hope and that can include the parent/child relationship. Five of the six practitioners named parents as their initial models of hope. Four practitioners named their fathers. They all expressed ways that their fathers modeled hope for them as young children. Tammie stated that her whole extended family, as well as her dad, modeled hope for her. Lori identified her mother as her source of hope.

Interestingly, Martha stated that neither of her parents, extended family nor other significant people in her life were models of hope for her. She reported experiencing hope initially with a decision she made in Grade 11 about her future life goals that included a pursuit of a better lifestyle. Dufrane and Leclair (1984) cited Frankl, Frank and Orne's work, and agree that the meaning of a decision or event in one's life circumstances can be determined individually:

> The development of hope is contingent upon the attribution of meaning that allows for change and at least some flexibility in the view of the problem situation. Hope is a realistic future orientation that serves to motivate an individual through the present. Ultimately, it is goal-directedness, a lamp that lights the path of adjustment. (p.37)

There is a small collection of hope literature that proposes the notion that supportive relationships in our personal lives are necessary to foster hope (Erdem, 2000; Keen, 2000; Jevne, 1994; Talseth, Gilje, & Norberg, 2001; Yarcheski, Scoloveno, & Mahon, 1994). Farran, Herth and Popovich (1995) furthered that notion by stating that "hope has its roots in intrapersonal, interpersonal, and environmental/sociological experiences" (p.16). They believe that hope is developed within an individual, between individuals, and among individuals in a community or society. McGee (1984) proposed that "competent, supportive others lead to hopefulness" (p. 38).

This research corroborated that, although models of hope are helpful and important for most, there are other life circumstances that can provide hope for people. Martha's decision in Grade 11 to pursue a better lifestyle was life altering and seen as hopeful for her. Martha's contribution to this study is noteworthy. Her life story is an example of how hope can grow from seemingly hopeless conditions. All of the other practitioners had parental models and suggested that having a model of hope was essential for them to the extent that some could not imagine life without that early modeling.

Concepts Associated With Hope

It was interesting to explore the concepts that the practitioners associated with hope: wishing, optimism and adversity. Hope may be seen as similar to wishing and optimism, and researchers have noted that these terms are sometimes used interchangeably in the literature (Farran et al., 1995; Simpson, 2001). Some of the practitioners also explored their understandings of the connection between adversity and hope.

Wishing and hope.

Martha reported that she used to use the terms wishing and hoping synonymously, but now understands the difference. Farran, Herth and Popovich (1995) agree that wishing is a common term and is often confused with hoping. They report that the difference between wishing and hoping may lie in the action taken to reach the desired goals of an individual. Farran et al. (1995) stated, "Persons who wish often engage in few behaviors that work toward obtaining the "wished-for" positive outcome" (p.11). In wishing, the goals are more specific and the probability of the desired outcome actually happening is more limited. In hoping, one may achieve their desired goals by taking action (Snyder, 1995; Stotland,1969). Dufault and Martocchio(1985) found that:

> People describe the differences between a hope and a wish with ease. A wish differs from hope in that it [the wish] is not perceived as within the realm of possibility in the present or future. (p.385)

This study confirms these notions. Four of the practitioners believe that their wishing is more fantasy-based and does not get you what you want or help you attain goals, whereas hope is more real and action based. Danielson (1995) noted in her research that children with cancer could distinguish the difference between wishing and hoping. She explained "The children understood that wishing to genies won't really happen, but they firmly believe that their hope to get better or make it through having cancer is real and possible" (Danielson, p.79). In essence, the practitioners understood the difference between hoping and wishing in that wishes have a slight chance of coming true because they are rarely followed up with action.

Optimism and hope.

The practitioners in this study had their own unique way of understanding optimism and hope. All six could see an association between the two concepts, but they described their understandings differently and with a varying degree of familiarity. Farran, Herth and Popovich (1995) stated that the goals of optimism, like those of wishing, are more specific than hope-related goals. On a continuum, the goals of optimism are more plausible than those of wishing, but not as real as those of hoping. Snyder (1994) stated that:

> Optimism leads us on to expecting the best, but it does not necessarily provide any critical thinking about how we are going to arrive at this improved future…optimists believe positive things will happen to them. Optimists do not necessarily have a clear plan for getting where they want to go. (pp.13-14)

In other words, optimistic people tend to need and work toward a positive outcome no matter what. However, when there is a situation that may have less than the positive desired outcome, optimism may fail. Conversely, hopeful people tend to be more open to difficult and possibly painful outcomes and do not manipulate the process to ensure the end result is positive. One of the practitioners concurred with these findings and eloquently stated that "you can have optimism today and no optimism tomorrow, but hope is abiding." Three of the other practitioners also reported that they felt optimism was not as stalwart a state for them as hope. Simpson (2001) stated:

> When one is being optimistic, one is much less likely to contemplate the bad things that could happen or deal with one's negative emotions. Hope, in contrast, tends to be more open to one's feelings, both positive and negative, and acknowledge the possibility that one could be hurt, disappointed, and/or frustrated in the future if the hope is not realized. (p. 87)

She added that hope is more likely to reflect a balanced assessment of the situation whereas optimism may not. Two of the six practitioners reported that they believe that optimism and hope are similar and could be intertwined but were less articulate about the differences.

The main similarity between hoping, wishing and optimism is that all three concepts involve a desire to have a brighter, more positive future. However, wishing and being optimistic about the future will not necessarily lead to a desirable future because those two concepts, unlike hope, are typically not action-oriented or reality-based. It is evident that the practitioners in this study had clearer understandings of the distinctions between wishing and hope versus those between optimism and hope.

Adversity and hope.

Sutherland (1993) reported that "in crisis, hope is crucial to dealing with threats, to overcoming fear and despair, to becoming motivated and energized to act to affect change"(p.93). In essence, her research contends that maintaining hope in adversity is necessary, although it is complex, dynamic, and interactive in nature. This study confirms that stance. Practitioners in the study agree with Sutherland, and suggest there is an interaction or nexus between adversity and hope. All six practitioners work with clients who have been through varying degrees of adversity in their lives, and five of the six have had personal experience with adversity. Rob feels that, in adversarial situations, hope is needed the most and he has witnessed hope "flowing out of difficult situations" with his friends, family, and clients of sexual abuse. Four of the practitioners, Lori, Martha, Barrie and Carrie, state that having hope helps them and their clients live from one adverse experience to the next. Tammie admits not experiencing adversity in her personal life but believes that hope is extremely important in her work with clients of sexual abuse.

In summary, discerning hope from other associated concepts like wishing and optimism was not easy at times for the practitioners. Some of them wanted to contemplate their answers carefully before they articulated their understandings. The findings from this study suggest that practitioners had an easier time discerning wishing from hoping than optimism from hoping. It may be that they were more familiar with the concept of wishing than optimism in relational situations, or that wishing is used more than optimism in everyday living. The practitioners seemed to have a degree of clarity around the association between adversity and hope, however. They were each able to describe what the association was for them and all agreed that they could see the clients they work with as having many levels of adversity in their lives. There is no doubt that they recognized the nexus between adversity and hope even though some had not experienced much, if any, adversity in their own personal lives.

What are the Understandings of the Practitioners Professional *Experiences* of Hope While Working with Clients of Sexual Abuse?

Understanding practitioners' professional hopeful experiences is important, because it allows their work with clients of sexual abuse to be put into perspective. Although there was significant data collected in this area, this discussion will focus on three areas of understandings that may be meaningful to practitioners: how practitioners achieve an expectation of a good future outcome for their clients of sexual abuse; the paradoxes they experience in their work; and how they use hopeful humor while working with clients of sexual abuse.

Future outcomes.

Practitioners have an expectation of achieving a good and hopeful future for their clients of sexual abuse, even through adversity, by using doing, thinking and feeling modalities. All participants hoped that their clients could transcend the present adversity in their lives. This section will focus on the experiences the practitioners had when using the three modalities and how those experiences are discussed in the literature.

I begin by suggesting that "hoping is not a single act but a complex of many *thoughts*, *feelings* and *actions* that change with time. Hope is multidimensional and process-oriented" (Dufault & Martocchio, p.380, 1985). This study confirmed that stance, as it appeared to be the experience of all six of the practitioners. They reported experiencing hopeful actions, thoughts, and feelings that "were characterized by a confident yet uncertain expectation of achieving a future good, to the hoping person, [that are] realistically possible and personally significant." (Dufault & Martocchio, p. 380).

Doing/Actions/Goals

> As a way of *behaving*,
> hope expresses itself as an active process
> in which individuals seeks possible and appropriate alternatives.
> If a door closes, the person continues to seek another way out.
> (Farran, Herth & Popovich, 1995, p. 5)

Each of the six practitioners interviewed described their professional understanding of hope as an *action* or goal directed experience that has a good future outcome. That understanding was corroborated in the hope literature by several researchers (Farran, Herth, & Popovich, 1995; Pruyser, 1968; Snyder, 1994), but most often quoted was Stotland (1969) who developed an early theory of hope characterized by the concepts of expectation, *action*-orientation, and goal attainment. He defined hope as "an expectation greater than zero of achieving a goal" (Stotland, p.2). Although Stotland believed that hope had an affective component, he believed it was primarily a cognitive process closely linked to goal attainment. He further suggested that hopefulness is linked to goal attainment, but only through *action*; so both goal attainment and hopefulness require some form of *action*.

Also documented in the literature is the understanding that hope has a future orientation (Benzein & Saveman, 1998; Dufault & Martocchio, 1985; Jevne, 1994; Staats, 1986; Stotland, 1969) that may be based on the past, the present, or the future. Tammie, Martha, Carrie, Lori, and Barrie all reported that hope for them had some movement forward or some *action*. Rob described his hope as always having a light, an understanding that things will get better and a remembrance to celebrate the small things.

Snyder (1995) listed coping strategies used by "high hopers", including: *looking outward,* problem solving, minimizing the negative, calling on friends, laughing, praying, exercising, being health conscious, and aging gracefully. Practitioners in this study reported using many of these strategies. They also seemed to say "yes" to hope and were conscious of keeping hope *active* in their lives. Jevne and Miller (1999) stated that hoping requires some effort and that, when saying "yes" to life, there are strategies that one can implement.

Interestingly, the construct of hope being *action* oriented and future referenced was found in one study on practitioners who work with clients of sexual abuse. Giovannoni (1997) reported that practitioners who can recognize that the sexual offenders' *actions* are often a call for love "can then set appropriate controls, carry out behavioral techniques and relapse prevention interventions without judgement, and create an atmosphere of hope for the client" (p. 96). Practitioners in the study agree with Giovannoni as they expressed that taking *action* to help their clients of sexual abuse to have hope-filled futures was a typical experience for them.

Thinking/Thoughts/Cognition

> As a way of *thinking*,
> hope has been associated with a sense of fortitude,
> as described as dealing with the facts beyond the visible....
> (Farran, Herth & Popovich, 1995, p.5)

In this study, all the practitioners reported using forward *thinking* to enhance hope in their professional lives. In Rich's (1997) study, she found that her respondents reported *cognitive* adaptations as helpful and often necessary when working with clients of sexual abuse. Rob expressed it as his primary way of processing hopeful information; when he shifts his *thinking* and reflects on his journey, he is always amazed with the hopeful work he does both personally and professionally. He wants to *think* that his adolescent clients feel safe to share their hope while in the program and after they have left. His *thinking* is congruent with that of Giovannoni (1997) who agreed that "feeling accepted by a therapist is essential before the client is willing to consider a new way of *thinking*" (p. 91). Furthermore, Giovannoni reported that, in order for him to survive as a therapist in the field of sexual abuse treatment, he needed *cognitive* changes to occur that he was then willing to share with his clients. Lori concurs and reported that, not only does she want to know what her clients of sexual abuse *think*, she will then share her *thinking* with them. She believes that this interaction may lead to a stronger therapeutic relationship.

For Snyder (1995) hope is predominantly a *cognitive* experience; how one *thinks* about oneself. He explained that, if a client "becomes *cognitively* energized for a goal, shortly thereafter the pathways relating to attaining that goal may appear" (Snyder, p. 359). Martha corroborates this research when she reports that her hopeful decision to go to medical school in pursuit of a better life was a *thought*. She explains that, if she is able to give her clients of sexual abuse enough of a "nudge," they might see a pathway to begin hoping again on a daily base. Tammie and Carrie *think* that hope is part of everyday living. Jevne (2000) devotes an entire chapter to living in the present and also states that, although *thinking* and reflecting do not replace practicing, they are an important part of the hoping process.

Feelings/Emotions/Affect

> As a way of *feeling*,
> hope has been described as "going beyond emotion"
> and functioning as an energizing force.
> It propels persons forward when the odds seem to be against them.
> (Farran, Herth & Popovich, 1995, p. 5)

Staats' (1986) study of 257 adults found that hope involves not only cognition but also affect. She states that "this measure of hope is based on expected *feelings* and is therefore probably predominately affective in nature" (p. 363). Two of the six practitioners only interact with their clients of sexual abuse for short periods of time, but still expressed *feeling* some hope for their clients. However, they had strong *feelings* that the social and judicial systems that are supposed to be supporting their clients might not be very hopeful or helpful. Rich's (1997) research corroborates those sentiments and found that "79% of all respondents report not *feeling* the system works well to help clients, and 60% report a lack of support by professional organizations" (p. 86). As well, both practitioners had strong *feelings* about offenders' behavior and had *feelings* of disdain especially for adult offenders. Farrenkopf's (1992) study found that 54% of the "surveyed therapists reported a shift in their perspective, with diminished hopes and expectations in working with sex offenders" (p. 219). However, this was not the *feeling* of most of the practitioners in this study; they seemed not to be affected by their work with clients of sexual abuse in this way.

Four of the six practitioners, for example, report that working with clients of sexual abuse *felt* like a gift and often brought feelings of jubilation on a daily basis. Rich's (1997) study found "89% of all participants report some degree of job satisfaction and enjoy their work, and 82% believe empowering others empowers themselves" (p.86). It seems how practitioners *felt* about their work was "not related to clinician's years of experience, training, or gender" (Jackson et. al., 1997, p. 63).

This contrast in the opinions surrounding the modality of feelings of the practitioners revealed by the study may be due to many factors. It is likely that the amount of time spent with their clients of sexual abuse, the age of the clients (many worked with children and adolescents as well as adults), where they work and whether the clients were survivors or perpetrators are issues that may potentially contribute to the contrast in opinions.

In summary, doing, thinking and feelings are all modalities used by practitioners to create good and hopeful future outcomes for their clients while knowing that their clients have been living in adversity and that it may continue for some time.

Paradoxes in hoping.

All the practitioners described paradoxical situations or experiences when relating stories of working with clients of sexual abuse. They reported that paradoxical hoping is hoping that doesn't make sense and is often in conflict with common sense. Keen (1994) stated that:

> The paradoxes of hoping reveal the importance of relationships, the relevance of beliefs systems and the necessity of being able to creatively vision. Hoping may be the ability to live between two seemingly conflicting beliefs and ideas. Hope may be the conscious search for certainty within a world of uncertainty. (p.96)

Carrie reports that some of the most hopeful situations can occur when clients are most confrontational, and Martha reports laughing with a survivor hours after she was raped. Rob reports that he feels the most hope when he is challenged emotionally by his clients of sexual abuse. Parse (1999) explained paradoxical hope this way:

> The rhythmical ever-changing process is lived in the day-to-day paradoxes of human experiences…For example, with hope-no hope, the hope is only clearly known in light of the ever-present possibility of no-hope, and no-hope only has meaning in the light of hope. (p.3)

Barrie explains that when he works with perpetrators, he has conflicting feelings about their past and present behavior. He understands on one level that they may have been victims of abuse themselves, however he feels complete disdain for their behavior when they inflict harm on another person for their own sexual satisfaction.

Hopeful humor.

All the six participants report using humor in their everyday lives and especially in their work as professionals with clients of sexual abuse. A growing body of literature is beginning to document that constructs such as hope and humor may affect the healing process. Cousins (1989) focused on research that explores the relationships between hope, laughter, and positive health outcomes. He stated that "of all the gifts bestowed by nature on human beings, hearty laughter must be close to the top" (p.127). He goes on to explain:

> It has always seemed to me that laughter is the human mind's way of dealing with the incongruous. Our train of thought will be running in one direction and then is derailed suddenly by running into absurdity. The sudden wreckage of logical flow demands release. Hence the physical reaction known as laughter. (Cousins, p.128)

Cousins (1989) also suggests that surprise is a main ingredient of humor. Jevne and Miller (1999) agree and recommend letting the clown out and appreciating that "humor comes from the unexpected"(p.43).

The importance of humor was substantiated by all the practitioners in this study. Both Barrie and Martha report that they use dark humor while working with clients of sexual abuse. They both felt that this humor, if viewed or overheard by an outsider, would appear extremely distasteful. In context, however, it is exactly what was needed at the time to support the healing process for both the client and the practitioner. Hinds and Martin (1988) reported in their study of hope in adolescents with cancer, that adolescents described being able to move through a painful process if they had a particularly humorous experience to focus on. Hickey (1989) concurred and suggested that nurses need to be encouraged to promote laughter and humor as it can be one of the greatest assets a person can have in fighting cancer. Rob and Carrie both work with adolescent sex offenders and express that joking with clients is imperative to maintaining hope for themselves and others. Rich (1997) agrees that using humor is powerful when working with clients of sexual abuse.

It would seem that both the literature and the participants in this study agree that humor and how we use it is important in promoting healing in all kinds of illness and infliction, and it can be particularly useful in working with clients of sexual abuse. It seems when horrific things happen, humor can help us be hopeful and see a glimmer of light at the end of the tunnel.

What are the Understandings of the Practitioners Professional *Influences* of Hope While Working with Clients of Sexual Abuse?

Practitioners report that working with clients of sexual abuse is both challenging and rewarding. All report that they feel they can influence their clients' hope. Rich's (1997) study found that practitioners that work with clients of sexual abuse report that "98% of the total group of respondents believe their work makes a difference in people's lives" (p.86). Kadambi's (1998) research also found that there were high levels of personal accomplishment among therapists that work with sexual offenders. This suggests that the group participants were "able to find meaning in their work and feel that their efforts are contributing to positive client growth and change" (Kadambi, p.72). Researchers (Ellerby, 1997; Jackson et al., 1997; Kottler, 1993) suggest the influence practitioners have can be for better or worse, making the helping professions one of the most spiritually fulfilling as well as one of the most emotionally draining of experiences. Although the practitioners in this study did not dwell on stories of skepticism, they reported that the work they do is extremely challenging at times. This research corroborated that, although practitioners believe they can influence hope in their clients of sexual abuse, they are very aware that the work they do is challenging and may not always have hopeful results.

The following section on professional influences will be described in the context of: the professional motivation that the practitioner demonstrates to be able to work hopefully with clients of sexual abuse; the concepts of sharing and giving hope in work environments; the idea that hope is reciprocal; and finally, the connection between the relationships of practitioners and clients of sexual abuse.

Motivation.

What professionally motivates practitioners to maintain their hope while working with clients of sexual abuse? All the practitioners report having distinct professional motivation strategies that assist them in their work. As a pastoral counselor, Lori eloquently quotes the Bible in stating that hope, faith, and love are three abiding spiritual gifts, reiterating that her hope is abiding and she needs to pass that onto clients. Tammie reports that nothing overwhelms her as a therapist, and nothing is devastating so, with that knowledge, her hope remains intact. She reports that she is her clients' cheerleader. Beavers and Kaslow (1981) agree and suggest that "the therapist is sought as a source of hope, to combat demoralization, the sense of failure, incompetence and helplessness"(p.121).

Carrie and Rob state that what motivates them is their belief that the adolescent offenders they work with can change. Jackson et al. (1997) concur and found that "some respondents believe they help victims by working with offenders, [they] are able to witness positive changes, growth and healing among clients, and have a larger sense of purpose despite the daily difficulties of working with offenders" (p. 69). Although these two views are in contrast to the literature on sexual abuse offenders, Carrie and Rob believe that their hopefulness influences their clients' ability to change.

Martha and Barrie state that their motivation comes from doing their "important but tiny piece of the puzzle" well. Rich's (1997) study found that "89% of all the participants report some degree of job satisfaction" (p.86) and Kadambi (1998) found that, alongside reports of emotional exhaustion and depersonalization, practitioners working with clients of sexual abuse also reported high levels of personal accomplishment.

Giving/Sharing hope.

There is a significant amount of literature that states giving and/or sharing hope with a significant other, whether a client, friend, family member, therapist or caregiver, is essential to healing (Beavers & Kaslow, 1981; Dufault & Martocchio, 1985; Dufrane & Leclair, 1984; Edey & Jevne, in press; Erdem, 2000; Frank, 1968; Giovannoni, 1997; Orne, 1968; Rich, 1997; Wong-Wylie & Jevne, 1997; Yarcheski, Scoloveno & Mahon, 1994). Some of the terms used in the literature to describe this are shared hope, borrowed hope, and giving hope.

Rob expresses that shared hope for him may involve one or more people. As a practitioner, he shares his hope daily and feels that this is his responsibility. Erdem's (2000) research found that children of sexual abuse expressed that "someone can get you to hope" (p. 197). Erdem further reported that all three children in her study expressed that they would not have felt better if they had not hoped in therapy. She stated that parents and caregivers need to be informed about children's hopes, developing an awareness of hope indicators in their children, so they can continue responding hopefully in their home environments after therapy is completed.

Lori, like Rob, believes that shared hope will help someone maintain hope for a time, but she feels strongly that a connection to God will help someone maintain hope for a lifetime. Tammie also stated that it is her belief in a creator that instills hope in her. Some literature, especially in the medical community, has documented the link between God and hope. Many of the studies have used cancer and HIV patients as their target populations (Carson et al., 1990; Danielson, 1995; Nowotny, 1989), and report that spiritual well-being, a belief in a higher power, and hope are linked in cancer patients. Hall's (1994) research found that one way HIV patients maintained hope was through a personal belief in God, church, and religion. Two of the three sexually abused children in Erdem's (2000) study believed that "God gives hope" (p. 196) and Giovannoni (1997) reported using God in a spiritual context in his treatment of sexual offenders to enhance the healing process.

Each of the practitioners in this study had unique understandings of whether one can hope on one's own. This can be viewed as an adjunct to sharing or giving hope. Two of the six practitioners stated that people could hope on their own: Martha and Carrie believe that hoping on one's own is possible and often in life one must have "self-hope". Staats (1986) found in her study of 257 adults that "hope is individually based as well as future referenced" (p. 358). Rob and Lori felt that a person could hope on their own but it is easier to hope when it is a shared experience. Barrie stated that, as he had no point of reference, he truly did not know whether one can hope on one's own, or whether it was a shared experience.

Reciprocal hope.

"It is a truism in the helping professions that the outcome of any intervention is affected by the expectations placed upon it by the person to be helped as well as by the helper" (Pruyser, 1986, p. 120). Kottler (1996) believed as a researcher and therapist that psychotherapy flows in both directions, and that the information received by the therapist cannot help but affect the clinician's personal life. All six of the practitioners report incidents of hope flowing from them and to them. Rob and Carrie state that they have the opportunity of seeing their clients of sexual abuse influence their hope as well as that of the other staff in the treatment center. Rich (1997) reported in her study of practitioners that work with clients of sexual abuse that "82% believe empowering others empowers themselves" (p.86). Erdem (2000) explained how she understands the reciprocity of the hope process:

> My increasing awareness of the level of hope I experience about a certain client, at a certain point in therapy, taught me to take action more quickly. I believe that the amount of hope we have for each client's change will have an impact on her success (p. 200).

Connections/Relationships.

The significant relationships that the practitioners build with their clients of sexual abuse is paramount in understanding their hope. Each practitioner expressed the strong need to connect emotionally with their clients, and many practitioners spoke about the interactions needing to be "caring, real, genuine, hopeful, trustworthy, and respectful."

This understanding has been documented in the hope literature for the past three decades (Bernard, 2000; Dufault & Martocchio, 1985; Hall, 1994; Hickey, 1986; Janzen, 2001; Jevne & Edey, in press; Nekolaichuk, 1995; Orne, 1968; Sutherland, 1993; Yarcheski, Scoloveno, & Mahon, 1994; Wong-Wylie & Jevne, 1997). Practitioners expressed the emotional connection with their clients of sexual abuse through their doing (actions), their thinking (thoughts) and feelings (affection).

Rob states that his ability to be "real" and show his vulnerability to his clients of sexual abuse creates a bond. He added that, in order to build healthy relationships, you have to be able to share in meaningful ways and "get real" - especially among the adolescent offenders population he works with. Giovannoni (1997) and Bengis (1997) both concurred and reported the benefits of practitioners' willingness to show vulnerability, not only with their clients of sexual abuse, but also with their colleagues. Bengis (1997) explained that offenders who are also victims need to "see our sadness at their own victimization and at appropriate moments, they also need to see our vulnerability" (p. 36).

Two of the six practitioners, Carrie and Lori, believe that their young clients of sexual abuse need to feel that the adults in their lives have a genuine investment in them. Being present and available is where they believe hope starts to build in healthy relationships. They believe that clients know whether you care and have genuine interest in them. Beavers and Kaslow (1981) concurred and reported strategies for developing genuine hope with clients. They stated "that hope does not exist in a vacuum, but rather in shared experiences with others" (p.125). Wylie-Wong and Jevne (1997) further that notion in their research exploring doctor-patient interaction. They identified some crucial requirements for hope-full, rather than hope-less, interactions. The study demonstrated that hope was enhanced in patients when genuine caring, such as listening to questions and assuring patients they will not be abandoned, was exhibited by their doctors.

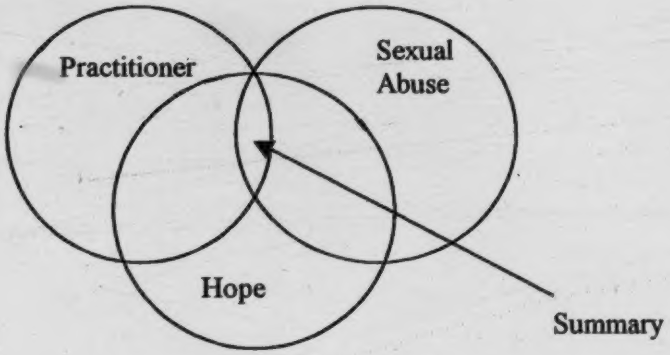
Bengis (1997) formulated, "I believe that our own humanity must become part of the treatment interventions" (p. 36). Tammie concurred that it is her ability to feel a whole spectrum of human suffering and joy that allows her to connect emotionally to her clients of sexual abuse; she calls this the "human-all-of-it". Barrie encouraged a spirit of cooperation with his clients by telling them stories about out-of-character behavior that he exhibited as a teenager.

The practitioners in this study have similar understandings regarding relational connections. Caring, real, genuine, hopeful, trustworthy, and respectful relationships are essential in their working with clients of sexual abuse. Some believed that practitioners must be willing to show vulnerability, when appropriate, in order for their clients to see their humanness. They expressed that this was a pivotal part of being able to influence the hope of their clients of sexual abuse.

Summary

I narrowed my findings to discuss four significant areas: 1) origins of practitioners' hope; 2) concepts associated with hope; 3) practitioners' professional experiences of hope; and 4) practitioners' ability to influence their client's hope. Within those areas, I have determined that: models of hope are ideal for most, but there are people who never had early models of hope yet seem to possess it as adults; hoping seems based in reality and actions more than optimism or wishing and it can transcend adversity; that the practitioners in this study held expectations for a good future for their clients, despite the past, present or future adversity in their clients' lives; and finally, all of the practitioners believe that sharing hope is an important service in their work with clients of sexual abuse. The summary can be visually represented as:

Figure 1. Summary



Implications for Practice

The findings in this study indicate that it would be helpful for practitioners who work with clients of sexual abuse to: 1) understand that clients do not need to have hopeful models or childhoods to become hope-filled adults who can contribute meaningfully to society; 2) be able to sustain their workloads longer and with more satisfaction if they are hopeful rather than wishful or optimistic; 3) understand that being able to share hope with clients dealing with adversity seems far more useful than experiencing adversity first hand; 4) have an expectation of a good future outcome for their clients using a variety of modalities; 5) be aware of the paradoxes that accompany hope; 6) understand the healing potential of humor when dealing with clients in adversity; 7) create genuine and caring relationships that open the possibility for hope to exist for clients who are dealing with adversity; and, 8) in those caring relationships, when appropriate, be willing to show their own vulnerability to their clients.

Implications for Further Hope Research

> Continuing to extend understandings is a way to
> build knowledge with qualitative research.
> (Parse, 1999, p.290)

Findings from this study underline the importance of understanding hope in practitioners, especially those who work with clients who are "hope-deficient". Therefore, it would be of interest to explore further manifestations of hope in practitioners who work with clients of sexual abuse, examining factors such as the diversity of practitioners' professions, work environments, educational backgrounds, genders, and motivations for working with this challenging population. In addition, since this study documented practitioners who work with both perpetrators and victims, it would be of interest to further explore one or the other domain in depth.

References

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders-text revision* (4th ed.). Washington, DC: Author.

Association for the Treatment of Sexual Abusers (1997). *Ethical standards and principals for the management of sexual abusers.* Beaverton, OR: Author.

Beaver, W. R., & Kaslow, F. W. (1981). *The anatomy of hope. Journal of Marital and Family Therapy, 7,* 119 - 126.

Beitchman, J. H., Zucker, K. J., Hood, J. E., daCosta, G. A., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse and Neglect, 16,* 101-118.

Bengis, S. M. (1997). Personal and interpersonal issues for staff working with sexually abusive youth. In Edmonds, S. B. (Eds.) *Impact: Working with sexual abusers* (pp. 31-45). Brandon, Vermont: Safer Society Press.

Benzein, E., & Saveman, B. I. (1998). Nurses' perception of hope in patients with cancer: A palliative care perspective. *Cancer Nursing, 21(1).*

Benzein, E., & Saveman, B. I. (1998). One step towards the understanding of hope: a concept analysis. *International Journal of Nursing Studies, 35,* 322-329.

Bernard, S. A. (2000). *Experiences of hope in a domestic abuse shelter worker - a case study.* Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.

Blanchard, G. T. (1995). *The difficult connection: The therapeutic relationship in sex offender treatment.* Brandon, Vermont: Safer Society Press.

Carson, V., Soeken, K., Shanty, J., & Terry, L. (1990). Hope and spiritual well-being: Essentials for living with aids. *Perspectives in Psychiatric Care, 26(2),* 28-34.

Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. King (Eds.), *Existential phenomenological alternatives for psychology* (pp. 48-71). New York: Oxford University Press.

Cousins, N. (1989). *Head first: The biology of hope and the healing power of the human spirit.* New York: E.P. Dutton.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five Traditions.* Thousand Oaks, CA: Sage.

Cumming, G., & Buell, M. (1997). *Supervision of the sex offender.* Orwell, VT: Safer Society Press.

Danielsen, S. M. (1995). *Exploring hope with children living with cancer.* Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

Dufault, K. J. (1981). *Hope of elderly persons with cancer.* Unpublished doctoral dissertation, Case Western Reserve University, Cleveland.

Dufault, K. J., & Martocchio, B. C. (1985). Hope: Its spheres and dimensions. *Nursing Clinics of North America, 20,* 379-391.

Dufrane, K., & Leclair, S. W. (1984). Using hope in the counseling process. *Counseling and Values, 29,* 32-41.

Edey, W., & Jevne, R. (in press). Hope, illness and counseling practice: Making hope visible. *Canadian Journal of Counselling.*

Edey, W., Jevne, R. F., & Westra, K. (1998). Key elements of hope focused counseling: The art of making hope visible. *Monographs of the Hope Foundation.* (Serial No. ISBN 1-894045-06-8).

Edmunds, S. B. (1997). The personal impact of working with sex offenders. In Edmonds,

S. B. (Eds.) *Impact: Working with sexual abusers* (pp. 13-26). Brandon, Vermont: Safer Society Press.

Ellerby, M. A. (1997). Impact on Clinicians: Stressors and Providers of Sex-Offenders Treatment. In Edmonds, S. B. (Eds.) *Impact: Working with sexual abusers* (pp. 51-60). Brandon, Vermont: Safer Society Press.

Ellerby, L., & Bedard, J. (1999). *Paths to wellness: A gathering of communities addressing sexual offending behavior.* 1-33. <http://www.sgc.gc.ca/epub/abocor/eapc19ca/eapc19ca.htm>

Erdem, T. (2000). *Exploring hope with children who have been abused and participating in therapy.* Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

Farran, C. J., Herth, K. A., & Popovich, J. M. (1995). *Hope and hopelessness: Critical clinical constructs.* Thousand Oaks, California: Sage Publications Inc.

Farran, C. J., Wilken, C., & Popovich, J. M. (1992). Clinical assessment of hope. *Issues in Mental Health Nursing, 13,* 129-138.

Farrenkopf, T. (1992). What happens to therapists who works with sex offenders? *Sex offender treatment: Psychological and medical approaches* (pp. 217- 223). New York: Haworth.

Frank, J. (1968). The role of hope in psychotherapy. *International Journal of Psychiatry, 5,* 383-395.

Frankl, V. E. (1963). *Man's search for meaning: An introduction to logotherapy.* New York: Pocket Books.

Fromm, E. (1968). *The revolution of hope.* New York: Harper & Row.

Fromm, E. (1968). *The revolution of hope.* New York: Harper & Row.

Giovannoni, J. (1997). Increasing efficacy and eliminating burnout in sex-offender treatment. In Edmonds, S. B. (Eds.) *Impact: Working with sexual abusers* (pp.89-96). Brandon, Vermont: Safer Society Press.

Godfrey, J. J. (1987). *A philosophy of human hope.* Netherlands: Martinus Nijhoff Publishers.

Gottschalk, L. A., Fronczek, J., & Buchsbaum, M. S. (1993). The cerebral neurobiology of hope. *Psychiatry, 56,* 270-281.

Graziano, A. M., & Mills, J. R. (1992). Treatment for abused children: When is a partial solution acceptable? *Child Neglect and Abuse, 16,* 217-228.

Grosch, W. N., & Olsen, D .C. (1994). *When helping starts to hurt.* New York: W.W. Norton & Company, Inc.

Hall, B. A. (1990). The struggle of the diagnosed terminally ill person to maintain hope. *Nursing Science Quarterly, 4(3),* 177-184.

Hall, B. A. (1994). Ways of maintaining hope in HIV disease. *Research in Nursing and Health, 17,* 283 – 293.

Health Canada. (1997). *Child Sexual Abuse.* Canada: Health Canada. 1-9. <http://hc-sc.gc.ca/familyviolence/html/csaeng.html>

Hickey, S. S. (1986). Enabling hope. *Cancer Nursing, 9(3),* 133-137.

Hindman, J. (1989). *Just before dawn.* Boise, Idaho: Northwest Printing.

Hinds, P. S., & Martin, J. (1988). Hopefulness and the self-sustaining process in adolescents with cancer. *Nursing Research, 37(6),* 336-340.

Jackson, K. E., Holzman, C., Barnard, T., & Paradis, C. (1997). Working with sex offenders: The impact on practitioners. In Edmonds, S.B. (Eds.) *Impact: Working with sexual abusers* (pp. 61-73). Brandon, Vermont: Safer Society Press.

Janzen, G. D. (2001). *Experiences that influence the hope of people in helping Professions.* Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.

Jevne, R. F. (1990). It all begins with hope: Who said what about hope? *Alberta Psychology, 19,* 27- 35.

Jevne, R. F. (1991). *It all begins with hope: Patients, caregivers, and the bereaved speak out.* San Diego: LunaMedia.

Jevne, R. F. (1994). *The voice of hope.* San Diego, California: LuraMedia.

Jevne, R. F., & Miller, E. (1999). *Finding hope.* Fort Wayne, Indiana: Willowgreen Publishing.

Jevne, R. F. (2000). *Hoping, coping and moping.* San Diego, California: LuraMedia.

Kadambi, M. A. (1998). *Vicarious Trauma Among Therapist Working with Sex Offenders.* Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.

Kahn, T. J. (2001). *Pathways: A guided workbook for youth beginning treatment.* Brandon, Vermont: Safer Society Press.

Keen, M. J. (1994). *The experience of hope in people with HIV.* Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.

Keen, M. J. (2000). *What is the experience and meaning of hope for people who have made profound changes?* Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

Lather, P. (1991). *Getting smart: Feminist research and pedagogy with/in the postmodern*. New York: Routledge.

Lincoln, Y. S., & Guba, E.G. (1985). *Naturalistic Inquiry.* Beverly Hills, CA: Sage Publications.

Masson, H. (1998). Issues in relation to children and young people who sexually abuse other children: A survey of practitioners' views. *The Journal of Sexual Aggression, 3(2),* 101-118.

McCann, I. L., & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding for psychological effects of working with victims. *Journal of Traumatic Stress, 3(1),* 131 -149.

McCann, I. L., & Pearlman, L. A. (1993). Vicarious traumatization: The emotional cost of working with survivors. *Treating Abuse Today, 3(5),* 28 -31.

McGee, R. (1984). Hope: A factor influencing crisis resolution. *Advances in Nursing Science, 6,* 34-44.

Menninger, K. (1959). The academic lecture: Hope. *The American Journal of Psychiatry, 116,* 481-491.

Miles, M. B., & Huberman, A. M. (1984). *Qualitative data analysis: A source book of new methods.* California: Sage.

Miller, J.F. (1989). Hope-inspiring strategies of the critically ill. *Applied Nursing Research, 2(1),* 23-19.

Morse, J. M., & Doberneck, B. (1995). Delineating the concept of hope. *IMAGE: Journal of Nursing Scholarship, 27(4),* 277-285.

Nekolaichuk, C. (1995). *An exploration of the personal meaning of hope in health and* *of Nursing Scholarship, 27(4),* 277-285.

Nekolaichuk, C. (1995). *An exploration of the personal meaning of hope in health and illness.* Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

Nekolaichuk, C. L., Jevne, R. F., & Maguire, T. O. (1999). Structuring the meaning of hope in health and illness. *Social Sciences & Medicine, 48,* 591 – 605.

Nowotny, M. L. (1989). Assessment of hope in patients with cancer: Development of an instrument. *Nursing Interventions, 16(1),* 57-61.

Orne, M. T. (1968). On the nature of effective hope. *International Journal of Psychiatry, 5,* 403-410.

Parse, R. P. (1999). *Hope: An international human becoming perspective*. Sudbury, MS: Jones and Bartlett Publishers.

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). California: Sage.

Pruyser, P. W. (1968). *A dynamic psychology of religion.* New York; Harper and Row.

Pruyser, P. W. (1986). Maintaining hope in adversity. *Pastoral Psychology, 35(2),* 120-131.

Rich, K. D. (1997). Vicarious traumatization: A preliminary study. In Edmonds, S.B. (Eds.) *Impact: Working with sexual abusers* (pp. 75-88). Brandon, Vermont: Safer Society Press.

Ruvelson, L. (1990). The tense tightrope: How patients and their therapists balance hope and hopelessness. *Clinical Social Work Journal, 18(2),* 145-154.

Shechter, R.A. (1999). The psychodynamics of a clinician's hope: A delicate balance.

of Health Care Providers. Unpublished doctoral dissertation, Dalhousie University, Halifax, Nova Scotia, Canada.

Snyder, C. R. (1994). *The psychology of hope: You can get there from here.* New York: The Free Press.

Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling & Development, 73,* 355-361.

Snyder, C. R., Tran, T., Schroeder, L. L., Pulvers, K., Adams, V., & Laub, L. (2000). Teaching the hope recipe: Setting goals, finding pathways to those goals and getting motivated. *Reaching Today's Youth,* summer, 46-50.

Staats, S. (1987). Hope: Expected positive affect in an adult sample. *Journal of Genetic Psychology, 148(3),* 357-364.

Stotland, E. (1969). *The psychology of hope.* San Francisco: Jossey-Bass.

Strasburger, L. H. (1986). The treatment of antisocial syndromes: The therapist's feelings. In W.H. Reid, D. Dorr, J.I. Walker, and J.W. Bonner (Eds.) *Unmasking the psychopath: Antisocial personality and related syndromes* (pp. 191-207). New York: Norton.

Sutherland, P. (1993). *The lived experience of hope: A qualitative study of psychologists.* Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

Talseth, A. G., Gilje, F., & Norberg, A. (2001). Being met- a passageway to hope for relatives of patients at risk of committing suicide: a phenomenological hermeneutic study. *Archive of Psychiatric Nursing, XV(6),* 249-256.

Tesch, R. (1990). *Qualitative research: Analysis types and software tools.* Great Britian: Burgess Science Press.

Tesch, R. (1990). *Qualitative research: Analysis types and software tools.* Great Britian: Burgess Science Press.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends.* Adelaide, South Australia: Dulwich Center Publications.

Wolcott, H. (1994). *Transforming qualitative data: Description, analysis, and interpretation.* Thousand Oaks, CA: Sage Publications Ltd.

Wong-Wylie, G., & Jevne, R. F. (1997). Patient hope: Exploring the interactions between physicians and HIV seropositive individuals. *Qualitative Health Research, 7(1),* 32–56.

Yarcheski, A., Scoloveno, M. A., & Mahon, N. E. (1994). Social supports and well-beings in adolescents: The mediating role of hopefulness. *Nursing Research, 43(5),* 288-292.

Appendix A

Participants Information Letter

Study Title: Understanding hope in practitioners who work with clients of sexual abuse

Researcher: Catherine Wilkes, Master's student

Phone: (780) 903-2030 cell (780) 439-5683 ext. 42 work

e-mail: cathwilkes@hotmail.com

The purpose of this study is to explore descriptively hope from the perspective of the practitioner who works with clients of sexual abuse. You are being invited to participate in two in-depth audio-taped interviews, each lasting about an hour. The first interview will focus on your personal and professional experiences of hope and the meaning of hope in working with clients of sexual abuse. The second interview will provide you with the opportunity to expand this information as you reflect on your earlier interview. Regarding my role during the interviews, I may ask for clarification of a particular point or use a question if necessary but, will mainly listen as you share your perceptions with me. Each interview will be audio-taped and later transcribed by a typist and possibly reviewed by a peer. All persons involved will maintain confidentiality by signing an oath. The interviews will take place between January and June 2001.

The study will be conducted as a Master's Thesis under the supervision of Dr. Ronna Jevne, and Dr. Fern Snart, both within the Department of Educational Psychology, University of Alberta.

All information is confidential and the identification of participants, as well as the names of any other persons mentioned, will not be identified with the data. The audio tapes will be stored in a locked filing cabinet during the study and destroyed within six months of the completion of the study.

Please contact me if you have any questions or concerns and I look forward to meeting with you in person.

Sincerely,

Catherine Wilkes
Master's Student
Department of Educational Psychology
University of Alberta

Appendix B

Research Consent Form

I, ______________________________, hereby consent to be

- Interviewed twice
- Tape recorded

by Catherine Wilkes.

I understand that:

- I am participating in 2 sessions each lasting about an hour
- I may withdraw from the research at any time without penalty
- All information gathered will be treated confidentially
- Any information that identifies me will be destroyed within 6 months of completion of this research
- I will not be identified in any documents resulting from this research

I also understand that the results of this research will be used only in the following:

- Research thesis
- Presentations
- Published articles

Signature_________________________ Date ____________________________

For further information concerning the completion of this form,

please contact Catherine Wilkes at:

(780) 903-2030/cell or (780) 439-5683 ext. 42/business or cathwilkes@hotmail.com.

Appendix C

Background Information

Pseudonym: ______________________ Date: _______________________

Age: ___ Gender: ___

Educational background: ____

____

____

____

Kind of work environment:

____

____

____

Size of work environment:

____

Community affiliations:

____

____

Appendix D

Field Note Summary

Pseudonym____________ Date of Interview____________

Starting Time__________ Ending Time ____________

Location of Interview

____

Content (e.g. , topics, focus, exact words, what stands out)

____

____

Non-Verbal

(e.g. , tone of voice, facial expressions, body posture, tone of interview, hand gestures, eye movements)

____

____

Investigator's Impressions

(e.g. , emotional responses, discomfort with certain topics, sense of person, personal thoughts)

____

____

Analytical Processes

(e.g. , questions, hypothesis, inferences, patterns or themes, interpretations)

____

Appendix E

Oath of Confidentiality

Study Title:

Understanding Hope in Practitioners Who Work with Clients of Sexual Abuse

Researcher: Catherine Wilkes

Department of Educational Psychology

University of Alberta

Persons associated with the research project are asked to sign an Oath of Confidentiality.

I, ______________________________, swear (or solemnly affirm) that I will diligently, faithfully and to the best of my ability, execute according to the law, the duties required of me as typist and peer reviewer. I will not, without undue authorization, disclose or make known any matter or thing which comes to my knowledge by reasons of my involvement in the service of this project.

Taken and subscribed before me at ____________________

This __________day of _______________, 2001

Role _________________________

Signature _____________________

Witness ______________________

Appendix F

Interview Guide

The following questions are intended as a guide to support the semi-structured interview with the practitioners working with clients of sexual abuse. They are intended as a guide only to ensure that all participants cover a similar breadth of information. The list of developed questions evolved as the research progressed. The questions were only asked if the practitioner did not spontaneously cover their understandings of their origins of hope, and their personal and professional influences, experiences and understandings of hope.

1. How did we end up in this room together today?

- What do you do when working with clients of sexual abuse?
- Have you always worked with clients of sexual abuse?
- What indicators do you use to judge a situation and/or person as hopeful?
- How do you define hope?

2. What are the practitioner's origins of hope?

- Tell me about your childhood?
- Did you have a model of hope in your younger life?
- How was hope experienced in your relationships within your family of origin?
- What might hope have sounded like in your daily conversations as a young person?
- Were there any events in your childhood that you recall as being particularly hopeful?
- Can you recall a location that you may have felt hope when there?
- Did you have any "things" that represent hope to you?

3. What are the practitioner's *personal* experiences, influences, and understandings of hope?

- Can the dynamic of hope be influenced? How? By what?
- Can you influence someone's hope?
- Can you hope on your own?
- How does community (being with others) influence an individual's experience of hope?
- What is the relationship between hope and hoping?
- What is the relationship of the dynamic of hope/hoping to other constructs like: spirituality/faith, adversity, humor, optimism, wishing, nature, and time?
- Can you give/lend/borrow hope to someone?
- What motivates you to be hopeful personally?
- Is hoping a sensory experience?
- Can you think of a personal situation where you have experienced hope?
- What color do you relate to hope?
- What is your understanding of hope in your personal life?

4. What are the practitioner's *professional* experiences, influences, and understandings of hope?

- How is hope expressed in your interactions with your clients of sexual abuse?
- Can you influence a client's hope?
- Do perpetrators experience hope the same ways survivors experience hope?

- How do think parents of siblings sexual abuse relate to hope when they discover their children have been involved sexually?
- Can you think of a hopeful situation you experienced while working with clients of sexual abuse?
- What motivates you to be hopeful professionally?
- How is hope reflected in your work environment?
- What is your understanding of hope when working with clients of sexual abuse?

Appendix G

List of Codes

Name	Operational Definition	Codes
Origins of Hope		
Symbols	Are objects and/or behaviors that the practitioners found hopeful in their formative years.	OSy
Models	People who modeled hope for the practitioners in their young life.	OM
Feelings	Feeling that the practitioners expressed regarding hope in their young life.	OF
Locations	Places or locations where the practitioners felt hope in their young life.	OL
Events	Events or activities that left the practitioner feeling hopeful in their young life.	OE
Safety	How the practitioner remained hopeful in times of adversity in their young lives.	OS
Personal Experiences, Influences & Understandings		
Motivation for Self	What motivates the practitioner to be hopeful personally.	PMS
Definition of Hope	Practitioners' understand/definition of hope personally.	PDH
Beliefs	Beliefs that the practitioner has about hope that were fostered as a child	PB
Associated Concepts with Hope	How the practitioner viewed associations between hope and spirituality/faith, adversity, humor, optimism, wishing, nature, and time.	PAC
Physical Sensations	The practitioner's understanding of hope as a sensory experience.	PS

Color	The color that most represents hope to them.	PC
Experiences	Experiences that the practitioners had that were hopeful personally including future outcomes of doing, thinking & feeling.	PE
Influences	The nature of the practitioner's influence on others hopes personally.	PI
Other Influences	The nature of how others influence hope in the practitioner personally.	POI
Humor	Use of humor to promote hope in their daily lives.	P/ProfH
Multi-Modalities	Using multi modalities concurrently when expressing hope about the future outcomes	P/ProfMM
Professional Experiences, Influences And Understandings		
Motivation for Self	What motivates the practitioner to be hopeful professionally.	ProfMS
Definition of Hope	Practitioners' understanding/definition of hope professionally.	ProfDH
Influences	The nature of the practitioner's influence on others hopes professionally.	ProfI
Other Influences	The nature of how others influence hope in the practitioner professionally.	ProfOI
Communication	How the practitioner uses hope in their communication with clients of sexual abuse.	ProfC
Experiences	Experiences that the practitioner had that were hopeful professionally	ProfE
Work Environments	The ways hope may be represented in the practitioner's work environment.	ProfWE
Giving Hope	Does the practitioner think that they can lend/borrow/give hope to someone.	ProfGH

Paradoxes	Hoping that does not make sense and is conflict with common sense.	ProfP